



COMITÉ DE KICKBOXING AMATEUR [®] COUNCIL OF AMATEUR SPORT KICKBOXING

Membership Application – Club/Gym/School (English Version)

Province: _____ **Club Name:** _____

Name: _____
First Name _____ Surname _____

Address: _____

City: _____ Postal Code: _____

Telephone: (____) _____ Email: _____

Club Address: _____

City: _____ Postal Code: _____

Telephone: (____) _____ Email: _____

Individual Membership (Provide accurate numbers for the current year of application)

Competitive Members: _____ Juniors (under 15) _____ Intermediate (16-18) _____ Senior

All Non-Competitive Members: _____

Coaches/Instructors: _____

Officials: _____

Membership Process

1. Mail completed Club application form with the annual Club Membership fee payable to: **Council of Amateur Sport Kickboxing**
2. Upon receipt of the club registration fee, clubs will be mailed the **Club Manual** and all membership programs and items.
3. Clubs are responsible for the registration of all current instructors, coaches, competitive and recreational members.
CKA/CASK forms will be provided - The club insurance requires all members to register with within 30 days of club membership approval.
4. Any new club members that join during the membership year must be registered within 30 days of joining your club.

Release and Waiver

In consideration of membership and permission to become involved in amateur kickboxing granted me by the Council of Amateur Sport Kickboxing Inc., and its affiliated Provincial/Territorial sport-governing bodies, I hereby release and discharge the Council of Amateur Sport Kickboxing Inc., its affiliated Provincials/Territorial Sport-Governing bodies, clubs, coaches, officials, members, agents, officers, and employees from all claims actions, judgements and executions which the undersigned's heirs, executors, administrators, or assigns may have, or claim to have, for all personal injuries, known or unknown and injuries to property, real or personal, caused by, or arising out of, the participation in the sports activity of amateur kickboxing. I, the undersigned understand that all styles of amateur kickboxing and Thai boxing are contact sports and thus have inherent risks involved that can result in injury and/or death. I am fully aware of these risks, but waiver rights, claims, cause of action etc., as heretofore, and do hereby assume the risk completely. I, the undersigned understand that the products and services provided to my club/school/gym by the Council of Amateur Sport Kickboxing Inc., are meant for promotional purposes only and are not intended for general application for all individual members of my club/school/gym, and it is solely my responsibility to administer such products and services to those individuals that I have deemed appropriately prepared for engagement in such programs and services. I also have read and understand the 'Club Membership Criteria,' and agree to fulfill the listed requirements. I also allow the Council of Amateur Sport Kickboxing Inc. to release information on my club for membership purposes including, internal and external communications, required information by the organization's insurance company, for legal requirements, and for any disciplinary actions. I also agree to read and understand the Club Manual, Policy Manual, Rules and Regulations document and all Council of Amateur Sport Kickboxing documents. I also understand and agree that any violation of any Council of Amateur Sport Kickboxing policy or rule by any member of my club/school including by not limited to, an athlete, coach, instructor or recreational member, will result in the suspension or expulsion of my club from the Council of Amateur Sport Kickboxing. I, the undersigned, have read this Release /Waiver and understand all of the terms and conditions, I execute it voluntarily and with full knowledge of its significances.

_____, on the _____ day of _____, 20____

Place _____ Signature of Owner: _____

Witnessed _____

*****Attach payment to application (payable to the COUNCIL OF AMATEUR SPORT KICKBOXING) and mail to the National Office*****

Date Received: ___/___/___ - Date Approved: ___/___/___ - Certificate/Poster Mailed: Y / N - Registration # _____

BUREAU NATIONAL / NATIONAL OFFICE