

Membership Application ARNIS CANADA

Registration year: _____ New Renewal Date: _____

Provincial Association: _____

Club: _____

Name: _____ Date of birth: _____
Day Month Year

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Aboriginal heritage: YES NO

E-mail: _____ Citizenship: _____

Competitor

Initiation	<input type="checkbox"/>	8-10
JuniorA	<input type="checkbox"/>	11&12
JuniorB	<input type="checkbox"/>	13&14
JuniorC	<input type="checkbox"/>	15&16
Youth	<input type="checkbox"/>	17&18
Elite	<input type="checkbox"/>	19+

Other Category

Coach	<input type="checkbox"/>	Level _____
Official	<input type="checkbox"/>	Level _____
Other Non Competitor	<input type="checkbox"/>	
Associate Member	<input type="checkbox"/>	
Recreational Member	<input type="checkbox"/>	

Bouts _____ Wins _____

Gender: Male

Female

(Including kick-boxing and other combat sports)

Date of medical examination: _____

Previous involvement in Professional Boxing or any combat sport: _____

If Yes, explain: _____

Release and Waiver:

In consideration of membership and permission to participate in amateur boxing granted to me or my son/daughter/ward by the Canadian Amateur Boxing Association, a non-profit corporation, and its affiliated provincial/territorial sport governing bodies, club, coaches, officials, members, agents, officers and employees, I hereby agree to indemnify and hold harmless the Canadian amateur boxing association 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 sport of amateur boxing. I fully understand that this sport has inherent risks involved. I am fully aware of the nature of these risks and hereby accept them.

I have read this release/waiver and understand its terms and conditions. I execute it voluntarily and with full knowledge of its signification.

In witness whereof, I have executed this release at

_____, on the _____ day of _____ 20_____

Witnessed

Signature of Applicant

Parent or Guardian, if athlete under legal age

Medical certificate attached: YES

NO