



Pa-Kua Cambridge Student Registration Form

Student's printed name

Student's date of birth DD / MM / YYYY

First line of address

City

Postcode

Phone number

E-mail address

Emergency contact

Name

Relationship to student

Phone

For students under the age of 18

Parent/guardian name

People allowed to pick up your children

Name

Relationship

Phone

Name

Relationship

Phone

History of injuries or medical information relevant to the practice

Acknowledgement and Assumption of Risks

I am completing this assumption of risk form in relation to my wishes to participate within a class, activity, course, seminar, grading, competition, training session or lesson provided by Pa-Kua Cambridge and any of the clubs of the Pa-Kua International League registered instructors, coaches, Masters, or staff.

I confirm that I understand in full that any activity in which I participate will carry inherent risks associated with any practice or competition within combat arts, martial arts or self defence. Furthermore, I understand that the risk of serious injury is present and I have been briefed on the relevant safety rules and regulations in place to help protect me and my fellow students during training.

I confirm that I understand the nature of the activity in which I am about to participate, and appreciate that any practice of combat, self defence or martial art usually includes a degree of martial arts based fitness training. With this in mind, I can agree that I am fit to participate and agree to assume all risks associated with the above, hereby withdrawing any liability from the named club, instructors, association or other relevant parties.

Should I be unclear on any risks involved, or not feel comfortable releasing the above named from all positions of liability, I will not sign this document. Please take my signature as my acceptance and assumption of all risks involved, as described to me by my instructor and stated within this document.

The club should retain this document for future reference. If the named wishes to obtain a copy, the instructor must make this available within 21 days without charge.

Student's (or Guardian's)
Signature

Instructor's Printed Name

Instructor's Signature

Date DD / MM / YYYY