



# Fighting Arts Collective Toronto Registration Form

Enclose your payment, completed membership application and waiver and send to:  
 Fighting Arts Collective Toronto • 927 Dupont St 2<sup>nd</sup> Floor • Toronto, ON  
 M6H 1Z1 • Canada • www.factoronto.com

**Membership/Training Dues:**

**Note: Dues delivered to an officer of FACT in the form of cash for three months of training dues in advance or Pre Authorized Payment bank debit – Paypal online payment is also available for credit card payments**

- **Committed: \$100 CAD One School \$150.00 CAD for Universal Membership**
- **Casual: \$70 CAD per month (limited to one practice per week or 4 practices per month)**
- **Occasional: \$25 CAD per training session (on any training day)**
- **Archery: \$50 CAD per month**

Memberships are effective immediately upon receipt of completed membership applications and waiver forms (Consent to Participate and Release Liability). All membership applications are reviewed by the FACT officers or review committee.

**\*\*\* The FACT officers or review committee has the authority to decline any application. \*\*\***

**Membership Information:**  Female  Male

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ PC/ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Occupation: \_\_\_\_\_

Highest academic degree achieved: \_\_\_\_\_ Academic Inst. Enrolled: \_\_\_\_\_

**Emergency contact/physician:** \_\_\_\_\_

**Emergency contact/physician phone:** \_\_\_\_\_

Do you have any condition that will restrict yourself from participating in physically strenuous exercises safely?  yes  no

Relevant medical history: Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Previous injuries: \_\_\_\_\_

Do you carry and know how to administer your own medications?  yes  no

**School:**  AEMMA  JKD Centre  Toronto Wing Chun Academy  Toronto Kettle Bell Club  TTAC3

**Registration Type:**  Committed  Casual  Occasional  Archery

New membership **Payment Method:**  PAP  Cash ( 3 months )  On-line-Paypal-CC

**Banking information -** \_\_\_\_\_ **Or Void Cheque Attached**

\_\_\_\_\_  
 Signature of applicant Date



## Fighting Arts Collective Toronto Individual Consent to Participate and Release Liability (Waiver)

The undersigned (hereafter I), do hereby state that I wish to participate in the activities offered by the Fighting Arts Collective Toronto (hereafter FACT).

- 1) FACT possesses rules and policies, which govern the activities in which I can participate. These rules and policies include, but are not limited to: training principles, competition and tournament rules, combat and demonstration activities, arms and armour specifications and the by-laws of FACT.
- 2) FACT makes no representations or claims as to the condition or safety of the land, structures or surroundings, whether or not owned, leased, operated or maintained by FACT.
- 3) I understand that all activities are VOLUNTARY and that I am under no obligation to participate unless I choose to do so. I understand that all activities are potentially dangerous or harmful to my person and/or property, and that by participating I voluntarily accept and assume the risk of injury to myself and/or damage to my property.
- 4) I understand that FACT does NOT provide any insurance coverage for my person or my property. I acknowledge that I am responsible for my safety and my own health care needs, and for the protection of my property.
- 5) In return for allowing me to participate in these FACT activities and events, I agree to release from liability, agree to indemnify, and hold harmless FACT, and any FACT agent, FACT Member Organization<sup>1</sup>, officer or FACT employee acting within the scope of their duties, for any injury to my person or damage to my property.
- 6) This Release shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf.

I have read the statements of this legal document, understood the statements of this legal document and agree with its terms and conditions. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms and conditions are not binding upon FACT, its officers, agents and/or employees. I have voluntarily signed it and execute it voluntarily with full knowledge of its meaning, its significance and implications.

\_\_\_\_\_  
Legal Name (print)

\_\_\_\_\_  
Legal Name (signature)

\_\_\_\_\_  
Witness: FACT officer (print)

\_\_\_\_\_  
Witness: FACT officer (signature)

\_\_\_\_\_  
Date:

<sup>1</sup> FACT Member Organization == AEMMA, JKD Centre, Toronto Wing Chun Academy, Associate Member Organization