Karate Alberta Association

2017 Alberta Team Member Application

Please attach current passport size photo HERE

**** Complete in FULL – Please use BLACK pen & PRINT clearly***

☐Previous Team Member ☐Team Prospect ☐Development

Full Legal Name:

_____ _____ _____
Last First Middle

Address: _____

_____

E-mail: _____
** Main source of Communication*

Home: ( ) _____ Cell: ( ) _____

D.O.B: ____/____/_____ Age:_____ Gender: _____ AHC# _____
Day/Month/Year

Style: _____ Experience: _____(yrs) Rank: _____

Dojo: _____ Sensei: _____ KAA# _____

Event(s): Kata _____ Kumite _____ Current Weight in Kilograms _____

Alternate/Emergency Contact:

Name: Last_____ First_____

Home: ( ) _____ Cell: ( ) _____

Applicant's Signature: _____ Date: _____

Guardian's name: _____ Signature: _____
(Print) (if under 18 years of age)

Team Manager: _____ Date: _____

Head Coach: _____ Date: _____

Office use Only:
Required: Photo _____ Equipment bag _____ Medical info _____ Track Suit _____
Top _____ Bottom _____