Fighting Arts Collective Toronto

Registration Form

Enclose your payment, completed membership application and waiver and send to:
Fighting Arts Collective Toronto • 927 Dupont St 2nd Floor • Toronto, ON
M6H 1Z1• Canada • Tel (416) 812 7161 • www.fightingartscollective.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 six post-dated cheques due the 15th of each month.** ***Fees paid on a month to month basis are subject to a $10.00 surcharge.***

- **Committed**: **$100 CAD** per month
- **Casual* / TTAC3: $65 CAD** per month (*limited to one practice per week or 4 practices per month)
- **Occassional: $22 CAD** per training session (on any training day)
- **Archery: $35 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** ☐ **TTAC3**

***Registration Type*:** ☐ **Committed** ☐ **Casual / TTAC3** ☐ **Occasional** ☐ **Archery**
☐ **New membership** **Payment Method**: ☐ cheques ☐ cash ☐ money order

First Aid Training: ☐ **Yes** ☐ **No** **Description (certification, date):** _____

_____ _____
Signature of applicant Date