

MARYLAND PROFESSIONAL KARATE ASSOCIATION, INC.

YIN-CHUAN – SCHOOL OF THE DRAGON

6707 HOLABIRD AVENUE
BALTIMORE, MARYLAND 21222

TEL. NO. (410) 633-5946

Prof. David L. Grosscup
President/Grandmaster

MEMBERSHIP APPLICATION

NAME LAST FIRST DATE OF BIRTH HOME PHONE

HOME ADDRESS STREET CITY STATE ZIPCODE

EMPLOYED

OCCUPATION BUSINESS PHONE

STUDENT/SCHOOL

SEX: MALE FEMALE
MARITAL STATUS: MARRIED SINGLE
WEIGHT COLOR HAIR HEIGHT COLOR EYES

STARTED

PREVIOUS EXPERIENCE:

RANK DATE OF RANK STYLE

INSTRUCTORS'S NAME INSTRUCTOR'S RANK

SCHOOL NAME

SCHOOL ADDRESS STREET CITY STATE ZIP CODE

SCHOOL PHONE

Membership clinics, competition, classes, practice sessions and contests conducted by the Maryland Professional Karate Association, Inc. are supervised by qualified instructors, and reasonable care is taken to prevent serious injuries and to minimize accidents. The strenuous nature of Karate and combative activities is such that no one can positively assure the student, member, or instructor that injury will not result during even properly supervised practice sessions, instructional periods, and contests. No student is allowed to practice free sparring until he has been approved by the instructor.

I _____, do hereby, for myself, my heirs, executors, administrators, and assigns waive, release and forever discharge any and all rights and claims for damages which I may have or which hereinafter occur to me against: Maryland Professional Karate Association, Inc. its instructors and sponsors and affiliated associations for any and all damages which may be sustained and suffered by me in connection with my association with or entry in any practice, class, clinic, contest, or athletic event of Maryland Professional Karate Association, Inc. or which may arise out of traveling to, participating in, or returning from such endeavor. The student must provide his/her own medical, health and accident insurance. The Maryland Professional Karate Association, Inc. will not provide this coverage. It is the student's responsibility to do so.

DATE

STUDENT MEMBER SIGNATURE

APPROVAL AND ACCEPTANCE BY PARENT OR LEGAL GUARDIAN

The undersigned, the parents or the legal guardians of the above mentioned Student, have read the a foregoing, understand the same, and do hereby accept and agree to the terms, conditions and provisions of the a foregoing agreement.

DATE

PARENT OR LEGAL GUARDIAN

Information and signatures above verified by

INSTRUCTOR

Your e-mail address: _____

How did you find out about our school? _____

PROMOTION RECORD

CLASS	RANK	BELT	DATE	HOURS
9	White	Advanced White		
8	Hachi - Kyu	Yellow		
7	Shichi - Kyu	Orange		
6	Roku - Kyu	Purple		
5	Go - Kyu	Blue		
Junior Class	Akai-Kyu	Red		
4	Yon - Kyu	Green		
3	San - Kyu	Brown		
2	Ni - Kyu	Brown		
1	I - Kyu	Brown		
1	Sho - Dan	Black		
2	Ni - Dan	Black		
3	San - Dan	Black		
4	Yon - Dan	Black		

HASH MARKS & AWARDS

REQUIREMENTS	PURPOSE	RANK	DATE	HOURS
10 Trophies	Kumite			
100	Technique			
10 Trophies	Kata			
75	Mat Tatami			
8 Reports	Attitude			
104 Hours	Attendance			
500	500 Hours			
1,000	1,000 Hours			
10 Trophies	Chinese Bandit			
3 Contests	Tournament			
10 Trophies	Weapons			
A/B Student	Honors			
Dragon Society	Elite			

BOOK REPORTS



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RISK AGREEMENT

Student Name: _____

Parent Name(s) (if student is a minor): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (H): _____ E-Mail: _____

Phone: _____ (W): _____

Workplace: _____

Emergency Contact: _____ Phone: _____

AUTHORITY TO TREAT

I, the undersigned, give the instructors, staff, and responsible adults the power to authorize medical or other treatment of the person named above under "Student Name," subject to the limitations listed below, if any. If I am not the person so named, I am the parent, guardian or adult responsible for the person named, and I have the legal right to grant this power. Treatment may be made without regard to whether I or any other parent, guardian or adult responsible has been contacted or has consented to the specific treatment, provided it does not conflict with the limitations outlined below. This authority begins on the date signed and continues indefinitely.

Limitations to Treatment: _____

Information of Medical Significance: _____

By giving my authorization, I assume responsibilities for all decisions made, provided they are reasonable decisions under the circumstances based upon the knowledge and understanding of the person making the decisions, and I trust their judgment and offer the benefit of the doubt to them in any claim or legal proceeding. This presumption may only be overcome by clear and convincing evidence that they acted with malice or willful gross negligence, and if so, they may still be liable.

Signature

Date

Print Name

Relationship (if other than self)

I understand that the instructors, senior students, or others may have some skills in first aid, CPR, and, at their discretion, I authorize them to use those skills and techniques to assist in any circumstance in which they judge their skills would be necessary or helpful.

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NOTICE AND CONSENT TO INSTRUCTORS

This school seeks to make use of highly trained, professional instructors, with both expertise and experience both in the art we teach and in teaching. Classes may be taught by the head instructor or any other qualified instructor. Should an instructor be unavailable for a given class, a junior instructor, senior student or guest instructor may teach. The choice of the instructor is left to the discretion of the school.

I understand that I may not always have the instructor I desire, but I shall seek to learn from whoever is teaching, to show the respect due the position of teacher to whomever is teaching, and to conduct myself in accordance with the etiquette established at the school. I understand that I have the responsibility for my own safety without regard to who is teaching the class. I specifically consent to any instructor the class, instructors or staff feel are sufficiently qualified by any standards they set to teach the class. I specifically understand and agree that the full force of the document applies no matter who is teaching.

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NOTICE OF PHYSICAL CONTACT

Complete martial arts training involve a wide variety of skills. While practicing these skills, students may have contact with any portion of the body. The groin may be the target of kicks, strikes, and grabs. The chest, buttocks, groin, or any part of the body may be contacted by any part of the training partner's body during training by martial arts techniques, or incidentally contacted while performing a martial arts technique targeting another portion of the body.

When male and female students train together, or when adult and minor students train together, and in any other training combination, the purpose and intent of the school, instructors and staff is to provide an environment for all students to learn and practice martial arts and self-defense. Students are expected to conduct themselves appropriately at all times to ensure the best training results for everyone.

Should any student feel a training partner is engaging in contact beyond the scope of training, or a training partner is taking undue and unacceptable advantage of training contact, or if a student is made uncomfortable by any training exercise or partner, then that student has the right to withdraw from the exercise or drill. If the conduct of the training partner appears inappropriate, the student should inform an instructor privately. If the conduct of the training partner or any training partner appears criminal, then an instructor should be informed and the authorities may be notified either by the student or the instructor, or both.

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CONSENT TO PHYSICAL CONTACT

I understand the nature of physical contact in martial arts training, and I understand that I have the right to immediately withdraw from any exercise or drill in which the conduct of any party seems beyond the scope of trainings or makes me uncomfortable. I agree to abide by school etiquette in all matters pertaining to training, and I shall not in any way conduct myself inappropriately or take inappropriate advantage of the contact martial arts training allows.

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ADVISORY OF RIGHTS AND RESPONSIBILITIES

Safety is not the sole responsibility of instructors and staff. Everyone in class is responsible for their own safety and the safety of those around them.

All students have the right and responsibility to excuse themselves from any exercise they believe will be harmful to them. All students must evaluate each situation in the context of their skills and current physical condition, and conduct each drill in a manner that is safe. If an instructor gives an instruction that is unsafe for the student, it is the student’s responsibility to inform the instructor that the skill may be unsafe. The instructor will routinely excuse the student from unsafe exercises and drills. The instructor may ask for an explanation, and the student is expected provide one.

All students have a responsibility to train and conduct themselves in a manner that helps all students and instructors remain safe. Students must give those training enough room to avoid interfering and avoid being accidentally struck by someone else practicing, which is especially important when others are practicing with weapons.

In the event of an injury, students have the right and responsibility to evaluate the extent of harm, stopping what they are doing even if it includes a partner, and determining if it is safe to continue. Unless a student is certain that further practice will not create or worsen a problem, all students are encouraged to stop what they are doing and inform an instructor. In the event of a serious injury or appearance of a serious injury, all students, instructors, staff and visitors, notable parents have the right to call a stop to a particular training exercise.

If a student notes an unsafe training situation, which may include a student performing a skill incorrectly, a student not being careful about others, a defect in a piece of training equipment, a potentially dangerous obstacle or condition on the floor, or anything else that may cause or lead to harm of students, instructors, staff, visitors or guests, then the student is expected to correct the situation if within his ability or notify an instructor or staff member immediately. If something is simple to correct, such as picking up a weapon left on the floor, the student should correct the situation. If the situation may require the authority of the instructor or staff, or if it is not a simple matter, then an instructor or staff member should be notified immediately.

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ASSUMPTION OF RESPONSIBILITIES AND RISKS

Martial Arts is a potentially dangerous activity. Bumps, bruises, scrapes, scratches and soreness are commonplace, and most students will encounter this sort of minor injury from time to time in their training. More serious injuries are possible including sprains, strains, twists, cramps, and injuries of similar magnitude, and students can expect to encounter these injuries infrequently. The possibility of more serious injury exists, including fractured bones, broken bones, torn ligaments, though not all students encounter such serious injuries. There remains, despite safety precaution, the remote possibility of crippling or death, though this is certainly not expected in this martial arts class.

I understand the above statement of risk, and I understand the rights and responsibilities of students. I assume responsibility for my own safety (or the safety of my child), understanding and accepting the risks involved with martial arts training. Even if the instructor has informed me that no serious injuries have ever happened in this school or with any of the instructors, I understand that this does not mean that there is no possibility of harm. By assuming this risk, I completely absolve all instructors, staff, guests, students, landlords, management companies, and any and all other parties of liability for my harm, unless intentionally caused in criminal conduct.

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