
Shaheed Baba Deep Singh Gatka Akhara Registration Form:

Section 1: Personal Information

Name of 1st Child: _____ Birthdate: _____

Name of 2nd Child: _____ Birthdate: _____

Name of 3rd Child: _____ Birthdate: _____

Name of 4th Child: _____ Birthdate: _____

Address: _____

Phone #: (_____) _____ Email: _____

Section 2: Rules and Regulations

1. Shaheed Baba Deep Singh Gatka Akhara strictly forbids members from utilizing the techniques taught in a manner to cause physical harm to other members of the Gatka Akhara or anyone else.
2. Shaheed Baba Deep Singh Gatka Akhara holds the right to forbid particular members from attending future classes and events in cases such as (but not limited to) horse-play, mischief or a violation of Rule #1 without refund or notice.
3. Any violations will be heard and dealt with by the directors of Gurmat Studies Foundation and Guru Nanak Academy on a personal basis.
4. Rough and/or rude language and behavior is **STRICTLY** forbidden under ANY circumstances.
5. **MONTHLY FEES ARE TO BE PAID BY THE 1st** of the month and any late payments will prevent participation in Akhara events and/or programs. Special circumstances can be brought up with the directors from Gurmat Studies Foundation and/or Guru Nanak Academy.

I _____ agree to abide by the Rules and Regulations that are set by Shaheed Baba Deep Singh Gatka Akhara. I also understand that these rules may be changed and altered by Shaheed Baba Deep Singh Gatka Akhara without notice and it is my duty to keep up with the latest revisions of the Rules and Regulations.

Signature: _____ Date: _____

Parent/Guardian Signature (if under 19 years of age): _____

Section 3: Fees

\$25 per month (Total Fees – Flat Rate)

NOTE: All monthly fees are to be paid on the 1st of the month. Refer to Rule #5.

I _____ agree to pay the above allotted amount. I also understand that Shaheed Baba Deep Singh Ji Gatka Akhara holds the right to alter the amount of these fees at any time but I will be informed of any changes to this amount. Failure to pay the fee as requested will prevent myself for attending practices or events until I pay my outstanding balance/fees.

Signature: _____ Date: _____

Parent/Guardian Signature (if under 19 years of age): _____

Section 4: Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement

By signing this document you will waive certain legal rights, including the right to sue

TO: GURMAT STUDIES FOUNDATION, GURU NANAK ACADEMY and SHAHEED BABA DEEP SINGH JI GATKA AKHARA (the "Club")

The undersigned parent(s) or legal guardian(s) of the minor child or persons named below states as follows:

I understand that Gatka is a martial art consisting of physical, mental and weapons training, including, but not limited to, sticks, swords, shields and spears. As a result, there are many inherent risks and dangers, including, but not limited to, personal injury, death, property damage or loss resulting therefrom. I want my child or myself to participate in the Club sponsored lessons, practices, games, exhibitions, tournaments, competitions and other events (the "Activities"), and so I freely accept

and fully assume all such risks. I give my unqualified permission and consent for myself or children to participate in the Activities, subject only to any specific limitations noted below.

In consideration of the Club allowing myself or children to participate in the Activities, I hereby agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** that I or my child have or may in the future have against the Club and its directors, officers, employees, agents, affiliates, successors, and assigns and representatives (the "Releasees") resulting from myself or children's participation in the Activities.
2. **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, injury or expense that myself or children may suffer as a result of the Activities, due to any cause, **INCLUDING NEGLIGENCE BY THE RELEASEES.**
3. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any property damage or personal injury to any third party, resulting from myself or children's participation in the Activities.
4. That this Agreement shall be effective and binding upon me, my heirs, next of kin, executors, administrators, legal representatives and assigns.
5. If I cannot be reached, I authorize and direct any adult Activities sponsor or group leader representing the Club to make emergency medical decisions for my child.

Medical Conditions: I or child has the following allergies or medical conditions, and I authorize the Club to disclose such allergies or medical conditions to a physician if I or child requires emergency medical care (describe allergies or medical conditions):

Prohibited Activities: As a result of the medical conditions described above or for other reasons, I do not want my child to engage in any of the following activities:

I am of lawful age and legally competent to sign this form. I understand the terms of this form and I have willingly signed it as my own free act.

Name: _____

Address: _____

Signature: _____

Dated: _____

Accepted on behalf of

CLUB: Shaheed Baba Deep Singh Gatka Akhara (Surrey Branch)

By: _____

Dated: _____