



Quebec Amateur Kick Boxing Corporation and Associated Disciplines
125 A, des Peupliers east, Quebec, Qc G1L 1 S 3
Registration form
Recreational Member

Name _____ First name _____

Address _____
(Street) (No.) (Apt.)

(City) (Postal code)

Tell. : () _____ - _____ Cell. : () _____ - _____

E-mail: _____ Date of birth: ____ / ____ / ____

I undersigned adheres to the Q.A.K.B.C. &A.D. . I agree to observe the statutes, regulations and decisions. I understand that by paying my dues I am covered by an accident insurance when I participate in training (assault in savate included) under a Q.A.K.B.C. &A.D. authorized trainer/instructor direction. I agree that any information held by the Q.A.K.B.C.&A.D. can be published by it in its publications, including its Web site.

Signature of the Member Date ____ / ____ / 201__

Signature of the holder of parental authority if minor

This member has paid his dues of \$15.00 to be a recreational member for the year ending July 31, 20____. He may then resume training under the supervision of a Q.A.K.B.C. & A.D. authorized instructor/trainer. However he cannot participate in combat until he has completed a training session to do so safely, on the advice of his authorized trainer/instructor. If he want to do so, he will then provide to the Q.A.K.B.C. & A.D. all the forms required and paid its annual dues of fighter's membership.

Completed on ____ / ____ / 201__

Trainer/instructor signature

To make a donation on line go to WWW.kickboxingamateur.org