



## Malta Karate Federation

### Chris Denwood Applied Karate Seminar

2<sup>nd</sup> - 4<sup>th</sup> December 2016 – De La Salle College, Birgu & Mgarr Karate Club, Mgarr

## Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No: \_\_\_\_\_

Please tick the appropriate box:

Mob. No: \_\_\_\_\_

Email: \_\_\_\_\_

Club: \_\_\_\_\_

1 session	€10	<input type="checkbox"/>
2 sessions	€15	<input type="checkbox"/>
Core group	€25	<input type="checkbox"/>

### TERMS OF RESPONSIBILITY

*I, the undersigned \_\_\_\_\_, as the person responsible for the custody of the person mentioned below, pledge myself to be responsible for whatever happens to this person in the event being currently organised by the Malta Karate Federation. These responsibilities include, but are not limited to, physical injuries, incurring of personal expenses or monetary and other material damages.*

*Furthermore, I exempt from any legal, civil or criminal responsibilities the organizers of the event, The Malta Karate Federation, its directors, as well as any person or company related to the event.*

*Finally I authorize the organizers of the event to use any images, photos for the publications of any newsletter or other promotional material relevant to the event, without any monetary compensation.*

Name of member attending camp: \_\_\_\_\_

Name of adult signing declaration: \_\_\_\_\_

ID Card of adult signing declaration: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*The personal information provided in this application form shall be processed in accordance with the provisions of the Data Protection Act (Cap. 440 of the Laws of Malta) and solely processed for the purpose(s) of organizing this Summer Training Camp. Your personal information will not be disclosed to third parties without your express consent unless this will be strictly required by law.*

