



Malta Karate Federation
John Titchen Malta Seminar 2018
23rd - 25th February 2018 – Mgarr Dojo
Application Form

Name: _____ Grade: _____

Address: _____

Tel. No: _____

Mob. No: _____

Email: _____

Club: _____

Please tick the appropriate box:

| | | |
|------------------------|--------|--------------------------|
| Juniors (1 session) | €10.00 | <input type="checkbox"/> |
| Seniors (1 session) | €15.00 | <input type="checkbox"/> |
| Seniors (all sessions) | €40.00 | <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 Seminar. Your personal information will not be disclosed to third parties without your express consent unless this will be strictly required by law.

