



WORLD AMATEUR MUAY THAI ASSOCIATION OF CANADA

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WAMTAC ATHLETE MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____ Prov: _____ PC: _____

Birth Date: (m/d/y)/...../.....

Phone: _____ Email: _____

Association/Club: _____ City: _____

Trainer's Name: _____ Phone: _____

Previous Experience in Muay Thai, Martial Arts or Boxing: # of Fights: _____ # of Demos: _____

Fight Record: _____ wins _____ losses. Describe other experiences: _____



Do you have any illness, disease, or disabilities? (If so, please give details)

I for value received, for release and discharge all claims, whether made by me and/or my representatives and/or agents, including, without limitations, claims for personal injury, damages and/or economic loss, made by me or made on my behalf, against WAMTAC (World Amateur Muay Thai Association of Canada) and/or it's instructors, employees, agents and students, whether arising accidentally and/or through negligence or otherwise, since I have willfully assumed all risk whatsoever in WAMTAC activities including without limitation, physical exercises, sparring and Martial Arts practices and contests.

Date: _____

Signature: _____

Parent/Guardian: *(for students 16 years and under)*

Signature: _____

I have received copies of WAMTAC's Code of Conduct and Anti-Harassment Policies, and agree to abide by them.

Date: _____

Signature: _____

MEMBERSHIP FEES ARE \$50/YEAR (YEAR END IS MARCH 31ST)