



WORLD AMATEUR MUAY THAI ASSOCIATION OF CANADA

Ajarn Khan Phady

164 Macatee Place

Cambridge, ON, N1R 6Z8

Email: kphady@wamtac.org Phone: 519-584-5426

WAMTAC CLUB MEMBERSHIP APPLICATION

CLUB CONTACT INFORMATION

Club Name: _____ Club Phone #: () -
 Club Street Address: _____ Club Fax #: () -
 City: _____ Postal Code: _____
 Club Email: _____
 Club Owners Name: _____ Phone #: ()
 -
 Club Owners Email: _____

CLUB LEGAL INFORMATION

Club's Legal Registration: _____ (ie: incorporated, not for profit)
 Incorporation #: _____ (or Ontario Business #)
 Legal Registration Date: Year: Month: Date:

Please provide a copy of Letters Patent, Articles of Incorporation or small business license.

CLUB'S MUAY THAI TRAINERS

Each coach must complete and submit a WAMTAC Coach Application Form.

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, sparing and Martial Arts practices and contests.

Date: _____ Signature: _____

I have received copies of WAMTAC's Code of Conduct, Anti-Harassment and Conflict of Interest Policies, and agree to abide by them. I have provided WAMTAC administration with proof that I do not have a criminal record.

Date: _____ Signature: _____

MEMBERSHIP FEES ARE \$500/YEAR (YEAR END IS MARCH 31ST)