



Request for Replacement Passport

*** Club owner mails **original** form with payment to CASK ***

MEMBER INFORMATION

New Club:		Old Club: (if applicable)	
First Name:	Last Name:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street Address:	City:	Province:	
Phone:	Email:		
Number of Bouts in previous Passport:	Number of Suspensions in previous Passport:		
Injuries:			

PAYMENT

Replacement Passport \$45	Cheque/Money Order payable to CASK
	Credit Card
	Name on Credit Card:
	Credit Card #: Exp.:

ACKNOWLEDGEMENT OF MEMBERSHIP REQUIREMENTS

I, the undersigned, acknowledge that my membership requires that I understand and adhere to the rules, regulations and policies of the Council of Amateur Sport Kickboxing. Failure to do so will result in my removal from specific activities and/or from membership. I give permission for any image or video of myself, taken by officers/staff/volunteers of the Council of Amateur Sport Kickboxing at approved events, to be used for promotions and publications of the organization in accordance with the Council of Amateur Sport Kickboxing's Privacy Policy. I understand that CASK coverage is valid at CASK member clubs only. Activities performed at non-CASK member clubs are not eligible for CASK coverage.

ACKNOWLEDGEMENT OF RISKS

I, the undersigned, acknowledge and recognize the following aspects as relates to my participation in any and all events related to the activities of the Council of Amateur Sport Kickboxing; I am familiar with and accept that there is always the risk of serious injury and death resulting from participation in any organized recreational activity, including the demonstrations, competitions and like activities offered as part of the program of the Council of Amateur Sport Kickboxing; I understand that all applicable rules of safety regarding my participation must be followed; I will immediately remove myself from participation, and notify the nearest official if at any time I sense or observe any unusual hazard or unsafe condition or if I experience any problems in my physical, emotional and mental fitness, or that of my equipment.

Parent/Guardian Name (print)	Member Name (print)	Date: dd / mm / yy
Parent/Guardian Signature	Member Signature	Signed at: City / Province

CLUB OWNER SIGN OFF

I hereby attest that this person a member of my club and my club is his/her primary location for training and/or coaching. I have informed this person that CASK coverage is valid at CASK member clubs only and is null and void at non-CASK member clubs. I have informed this person that if he/she participates in any activities, including sparring, at a non-CASK club, those activities have no insurance coverage whatsoever through CASK and may jeopardize his/her individual CASK membership.

Club Owner Name (print)	Club Owner Signature	Date: dd / mm / yy
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BUREAU NATIONAL / NATIONAL OFFICE

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National Sporting Organization