



# UNIVERSITY OF CALIFORNIA MARTIAL ARTS PROGRAM

DEPARTMENT OF RECREATIONAL SPORTS

2310 BANCROFT WAY  
145 RECREATIONAL SPORTS FACILITY  
BERKELEY, CA 94720

TEL: (510) 642-3268  
FAX: (510) 642-5730  
www.ucmap.org

## CLUB ENROLLMENT FORM

<b>SECTION A</b>	LAST NAME:		FIRST NAME;		MIDDLE NAME:
GENDER: M F	BIRTHDATE:	<i>CHOOSE ONE:</i> UCB STUDENT    YOUTH    UCB ALUMNI    UCB STAFF/FACULTY    COMMUNITY/EXTENSION			
SID #:		MAJOR/OCCUPATION:		SCHOOL ATTENDING:	YEAR
<i>CHOOSE ONE:</i> HANKIDO    JUDO    KARATE    TAEKWONDO    TAIJIJUAN    WUSHU			RANK:	If you received ranking in a school outside UCMAP, attach a copy of your certificate or an official letter from your school to be evaluated at this rank.	
<i>CHOOSE ONE:</i> NEW APPLICATION    RENEWAL    RENEWAL WITH CHANGES IN PERSONAL INFORMATION (PLEASE CIRCLE CHANGES)					

<b>SECTION B</b>	LOCAL ADDRESS: STREET:		CITY:	STATE:	ZIP:
LOCAL PHONE: (      )		<i>CHOOSE ONE:</i> WORK    CELL    OTHER PHONE (      )			
PERMANENT ADDRESS: STREET:					
PERMANENT PHONE: (      )			CITY:	STATE:	ZIP:
			EMAIL:		

<b>SECTION C</b>	UCB Health Plan (SHIP) is NOT sufficient for participating in the Martial Arts Program. Students without secondary insurance need to speak to their club representatives and/or fill out a USTU/AAU/USJA application form. Insurance information must be shared EACH SEMESTER.				
INSURANCE COMPANY NAME:		POLICY NUMBER:		EXPIRATION DATE:	
SUBSCRIBER'S NAME:			RELATIONSHIP:		
SUBSCRIBER'S ADDRESS: STREET:					
EMERGENCY CONTACT NAME:			PHONE : (      )		
EMERGENCY CONTACT ADDRESS: STREET:					
			CITY:	STATE:	ZIP:
PREVIOUS INJURIES? PLEASE DESCRIBE:					
WHAT PRESCRIPTION MEDICINES DO YOU TAKE?					

As a volunteer-run, non-profit organization, we depend upon the *talent* and *enthusiasm* of our members to help run our office administration, publish our newsletter, organize our tournaments and more! If you are interested in becoming involved, please circle the area in which you would like more information. Thank you!

ART/GRAPHIC DESIGN/PUBLICATIONS/TRANSLATION	INFORMATION SYSTEMS/WEBSITE DESIGN/TECH SUPPORT
FINANCES/BUDGET/ACCOUNTING	MARKETING/PUBLICITY/OUTREACH
VOLUNTEER COORDINATION/ADMINISTRATION	EVENT COORDINATION/HOSPITALITY

PLEASE COMPLETE THE BACK OF THIS FORM AND REMEMBER TO SUBMIT YOUR RECEIPT!  
NO REFUNDS OR PRORATED FEES UNDER ANY CIRCUMSTANCES.

INTERNAL USE ONLY:	INSURANCE	WAIVER	EM. CONTACT	PAID	AFFILIATION	APPROVAL
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PARTICIPANT'S NAME (PRINT): \_\_\_\_\_

UNIVERSITY OF CALIFORNIA AT BERKELEY  
Recreational Sport Department Facilities and Programs

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment, services, and programs of the Recreation Sports Department, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its directors, officers, employees, and agents from liability **from any and all claims including the negligence of** the Recreational Sports Department Facilities and Programs resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises, or equipment.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor      Date

\_\_\_\_\_  
Signature of User      Date

**Assumption of risks:** Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The Recreational Sports Department has facilities for and provides for activities such as weight lifting, running, aerobic activities, classes and sporting activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity which places stress on the cardiovascular system.

The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent** in the activities made possible by the Recreational Sports Department Facilities and Programs. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnifications and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought s a result of my involvement at the Recreational Sports Department Facilities and Programs and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgement of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extend allowed by law.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor      Date  
Participant's Age (if Minor): \_\_\_\_\_

\_\_\_\_\_  
Signature of User      Date