



Community Martial Arts

Shotokan Karate, Kick Boxing, Self Defense

REGISTRATION FORM

(under 18)

Personal Information:

Student Name: _____ E-mail address: _____

Date of Birth: _____ Mailing address: _____

Male _____ Female _____ _____

Mother's Name: _____ _____

Father's Name: _____ Child lives with: _____

Contact Information:

Please provide contact numbers to be used for administrative purposes as well as in case of an emergency, in order of preference. Please also provide details for each number, for example: home phone, Dad's cell, etc.

Phone # 1: _____ Details: _____

Phone # 2: _____ Details: _____

Phone # 3: _____ Details: _____

Phone # 4: _____ Details: _____

Health and Safety Information:

Health Card Number: _____

Allergies: _____

Other Health Concerns: _____

Remarks: (any type of concerns and/or special needs)

PLEASE READ CAREFULLY BEFORE SIGNING:

I have been informed of the contents of these classes and will not hold Community Martial Arts or its instructors liable for any personal injury, accident or theft/loss of articles.

 Signature (parent or guardian)

 Date