

PLEASE PRINT THIS FORM & BRING IT IN FILLED OUT FOR YOUR FIRST CLASS

ALL INFORMATION IS CONFIDENTIAL

SAN DO JUTSU KARATE SCHOOL

REGISTRATION FORM

NAME OF STUDENT: _____

DATE OF BIRTH: (YY/MM/DD) _____, (If under 18 yrs. old parent or guardian required)

ADDRESS: _____

TELEPHONE: Home _____ Work _____

E – Mail: _____

Do you have any health problems, such as heart disease, heart murmurs, high blood pressure, asthma, back problems, etc.? YES _____ NO _____

If yes, explain:

Your instructors are well qualified and under normal circumstances none of the exercises in this program should cause any danger to you, they should improve your overall being. The applicant understands that he/she may stop any training session at any time and assumes all risk for his/her health and well being.

The instructors may ask for a clearance form from your doctor before beginning the martial arts class.

The applicant or parent or guardian of the applicant who is under the age of 18 hereby releases SAN DO JUTSU KARATE SCHOOL, Joe Hamilton and the instructors from claims damages, or causes of action arising, and in particular from any claim arising by reason of injury or ill health, resulting from the applicant's voluntary participation in the program.

The applicant or parent or guardian of the applicant who is under the age of 18 acknowledges that he/she has reviewed the registration form and verified the information which it contains and consents to the voluntary participation in the program.

Signature of Applicant/Parent/Guardian

Please Print

Date

In case of emergency please notify:

Name: _____ Relationship: _____ Telephone: _____

Family Doctor: _____ Telephone: _____

Healthcard # _____

How did you find us? _____

What is your main reason for joining our school and what do you hope to achieve?
