



Sound Karate Club INC

Karate Registration Form

Personal Information

Name: _____ Date: _____

D.O.B. _____ Age: _____ Sex: _____ Res: _____

Address: _____ Bus: _____

_____ Cell: _____

Can we use your picture/child(ren)'s on our web site? Yes___ No___

Health Concerns

Allergies	Yes ___	No ___	If yes,	_____
Asthma	Yes ___	No ___	please	_____
Other concerns	Yes ___	No ___	explain	_____

In Case of an Emergency

Contact Person: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Agreement: Please read the following carefully!

I ACKNOWLEDGE AND AGREE that martial arts and general fitness training involves physical contact, exertion and risk, and that it is possible that during the course of training, injury may result. I assume full responsibility for any and all damages, injuries, or losses that may sustain or incur. I also fully and completely **RELEASE** Sound Karate Club INC. and its subsidiaries, employees, officers, directors, instructors, students, agents and licensees from any fault or liability relating to any damages, injury, or loss of any kind arising directly or indirectly from participating in training, or the use of Sound Karate Club INC. facilities, whether caused by negligence of its employees, officers, directors, instructors, students, agents and licensees or otherwise. I **FURTHER RELEASE** Sound Karate Club INC. from any responsibility for the loss, theft, or damage to my personal property. **ADDITIONALLY**, I agree that my training fees are non-refundable and non-extendable unless extenuating circumstances which are agreed upon by Sound Karate Club INC.

I confirm that I have had sufficient time to read and understand the agreement above in its entirety, and have agreed to the terms freely and voluntarily. I understand that the above waiver is binding on myself, child/children and my legal representatives.

Name (please print): _____

Signature: _____ Date: _____

In case of child/children under 18 years of age, a parent or guardian is to sign on behalf of the student(s).

Please turn over to register more than one child or to make comments.

Children Registration (for more than one child)

Second child's Name: _____

D.O.B. _____ Age: _____ Sex: _____

Can we use your picture on our karate web site? Yes ___ No ___

Allergies	Yes ___	No ___	If yes,	_____
Asthma	Yes ___	No ___	please	_____
Other concerns	Yes ___	No ___	explain	_____

Third child's Name: _____

D.O.B. _____ Age: _____ Sex: _____

Can we use your picture on our karate web site? Yes ___ No ___

Allergies	Yes ___	No ___	If yes,	_____
Asthma	Yes ___	No ___	please	_____
Other concerns	Yes ___	No ___	explain	_____

Fourth child's Name: _____

D.O.B. _____ Age: _____ Sex: _____

Can we use your picture on our karate web site? Yes ___ No ___

Allergies	Yes ___	No ___	If yes,	_____
Asthma	Yes ___	No ___	please	_____
Other concerns	Yes ___	No ___	explain	_____

Comments/Additional Information: _____

