



One Month Free Membership

Tae Kwon Do

Kickboxing

Valid dates From:

To:

Student Information

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First Name

Last Name

M.I

Birthdate

Street Address:

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City:

State:

Zip:

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Home Phone:

Work Phone:

Cell Phone:

If student is under 18 years of age, please provide parent's / legal guardian's information.

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Mother's Name:

Father's Name

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Home Phone:

Work Phone:

Cell Phone:

Member represents that he or she is in good physical condition and able to use the equipment provided and to participate in exercises made available by World Karate, Inc. represents that its personnel are trained in providing exercise programs and instruction in the proper use of our facilities.

This should also serve as permission to have your child transported and to receive any and all emergency health care attention needed if in case a situation does arise. This also serves as specific permission to transport your child to and from all offsite activities. World Karate, Inc. reserves the right to remove any child from the program. This is for the safety and well being of all students and the staff.

World Karate, Inc. further represents that its personnel have no expertise in diagnosing, examining or treating medical conditions of any kind or in determining the effect of any specific exercise on said medical condition. Member fully understands and agrees that in participating in the programs or using the facilities maintained by World Karate, Inc. there is the possibility of accidental or other injury. Member agrees to assume the risk of such injury and further agrees to indemnify World Karate, Inc. its instructors and employees from any liability on the part of World Karate, Inc. by either the member or third party as the result of the use of the member of the facilities and instructors offered by World Karate, Inc.

Student / Parent's Signature

Date

Representative's Signature

Date