

One Month Free Membership

		Tae Kwon Do	Kickboxing			
Valid dates From:			то:			
Student Information						
First Name La		Last Name	M.I		Birthdate	
Street Address:						
	City:		State:			Zip:
Home Ph	Work	Work Phone:			Cell Phone:	
If student is under 18 years of age, please provide parent's / legal guardian's information.						
Parent's Name:			Email:			
Home Phone:		Work	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.						
any kind or in determi in participating in the injury. Member agrees employees from any li	ning the effect of an programs or using the s to assume the risk ability on the part o	its personnel have no e by specific exercise on s he facilities maintained of such injury and furth f World Karate, Inc. by fered by World Karate,	aid medical conc by World Karate, her agrees to inde either the membe	ition. Membe Inc. there is t emnify World I	r fully unders the possibility Karate, Inc. i	y of accidental or other ts instructors and

Student / Parent's Signature

Date