

## One Month Free Membership

	☐ Tae Kwon Do			☐ Jiu Jitsu					
/alid dates From:				To:					
Student Informat	ion						_		
First Name		Last	Last Name		ı	Bi	Birthdate		
			Street Add	ress:					
City:			State:				Zip:		
Home Phone:			Work Phone:			(	Cell Phone:		
If student is und	er 18 years o	of age, plea	ase provide	e parent's / le	egal gu	uardian's info	ormation.		
Parent's Name:				Email:					
Home Phone:			Work Phone:			(	Cell Phone:		
Member represents t exercises made avai instruction in the pro	lable by World	Karate, Inc. re				· ·			
needed if in case a s	ituation does a ate, Inc. reserve	rise. This also	serves as spe	ecific permission	to transp	port your child to	cy health care attentic o and from all offsite ety and well being of a		
any kind or in determ in participating in the injury. Member agree	nining the effect programs or uses to assume the liability on the p	of any specifi sing the facilit e risk of such part of World I	ic exercise on ies maintained injury and furt Karate, Inc. by	said medical co I by World Karat her agrees to in either the mem	ndition. Ne, Inc. th	Member fully und tere is the possil World Karate, Ir	eating medical condition derstands and agrees oility of accidental or one ac. its instructors and result of the use bt the	that other	
			_						
Student / Parent's Signature							Date		
Representat	_				Date				