



After School Karate Enrollment Form

Name _____ Date of Birth ___/___/___ Age _____
 Address _____ School Student Attends _____
 City/State/Zip _____ School Phone Number _____ - _____ - _____
 Home Phone# _____ - _____ - _____ Work # _____ - _____ - _____ Mobile _____ - _____ - _____
 Date Student Started ___/___/___ Grade/teacher _____
 Email Address _____ T-Shirt Size _____

Parent/Guardian Information

Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Home Phone # _____ - _____ - _____	Home Phone # _____ - _____ - _____
Work Phone # _____ - _____ - _____	Work Phone # _____ - _____ - _____
Mobile Phone # _____ - _____ - _____	Mobile Phone # _____ - _____ - _____

Emergency Contact If Parents or Guardians Unavailable

Name _____	Home Phone # _____ - _____ - _____
Address _____	Work Phone # _____ - _____ - _____
City/State/Zip _____	Mobile Phone # _____ - _____ - _____

Please list any Medical Conditions the staff needs to be aware of. (Information Kept Confidential)

I give permission for my child to be picked up by the following people.

Name _____	DL# _____
Name _____	DL# _____
Name _____	DL# _____

In case of an Emergency, if I cannot be reached, I hereby authorize Karate Arts and its agents to have my Child or Children _____

Treated by the physician listed below or a physician of their choice.

Physician's Name _____	Phone # _____ - _____ - _____
Hospital Preference _____	Phone # _____ - _____ - _____

Student, Parent/Guardians
 Signature _____ Date ___/___/___