

SHORIN RYU KARATE APPLICATION

LAST NAME _____ FIRST _____ MI _____

BIRTHDATE MONTH _____ DAY _____ YEAR _____

HEIGHT _____ WEIGHT _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____

EMAIL _____

DO YOU HAVE ANY MEDICAL PROBLEMS THAT MAY INTERFERE WITH
KARATE TRAINING, IF SO PLEASE EXPLAIN _____

HAVE YOU STUDIED ANY MARTIAL ARTS BEFORE? _____

IF SO WHAT STYLE AND RANK OBTAINED. _____

THERE WILL BE AN OPTIONAL DONATION OF \$3.00 PER CLASS OR \$20.00
PER MONTH FOR THE CLASS

I UNDERSTAND THE POSSIBILITY OF INJURY WHICH COULD OCCUR IN
KARATE AS IN ANY OTHER CONTACT SPORT OR PHYSICAL EVENT, AND I
WILL NOT HOLD ANY INSTRUCTOR OR PERSON IN THIS ORGANIZATION,
OR WILMINGTON TEEN CENTER RESPONSIBLE FOR PHYSICAL INJURY
OCCURRING TO MY SELF/SON/ DAUGHTER DURING TRAINING.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PARENT _____ DATE _____
(IF UNDER 18)