

Juneau Shotokan Karate Do Club
PO Box 34404 Juneau, Alaska 99803
(907) 790-4199

Date: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

Any previous martial arts history?

List any physical handicaps or limitations:

In case of Emergency call: _____

Phone: _____

I hereby release the instructor(s) and fellow club members of the responsibility and all liability for all injuries that may occur during or result from any karate activity.

Signature: _____ Date: _____

IF STUDENT IS UNDER 18, PARENTS PLEASE PROVIDE THE FOLLOWING INFORMATION.

Students Age: _____ Birthdate: _____

Name of School: _____

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Work Numbers: _____

I, _____, hereby give my permission for my child, _____, to take karate lessons at the Juneau Shotokan Karate Do Club.

Furthermore, I understand that my child will be under the instruction of an adult karate instructor and I hereby release the instructor(s) and fellow club members of the responsibility and all liability for all injuries that may occur or result from any karate activity.

Signature: _____ Date: _____