

Program

WILLIAMS FAMILY

Payment Method (tick box)

- Future Kidz
- Karate Kidz
- Adult\Teens
- After School



**KARATE
ACADEMY**

- Monthly Installments
- By School Term
(After School Program)
- Annual

MIND • BODY • SPIRIT

Telephone (08) 9414 9004 Email sensei@ozkarate.com Web www.ozkarate.com

<input type="checkbox"/> Trial Lesson	<input type="checkbox"/> I would like to become a Member	Signature: _____	Date: _____
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Date _____ Heard about us from? _____

Name _____ Age _____ Date of Birth _____

Address _____

Post Code _____ Height in cm _____

Phone – Home _____ Work _____ Mobile _____

Fax _____ Email _____

School (if attending) _____ Occupation _____

Name of person to Contact in case of emergency _____

Contact Number _____ Relationship to Applicant _____

What made you decide to enquire about Karate lessons _____

Details of any prior Martial Arts experience? _____

Do you have any medical or physical problem your instructor should be aware of? YES/NO

If yes please list _____

Informed Consent Agreement

Martial arts is a potentially dangerous activity. Bumps, bruises, scrapes, scratches and soreness are commonplace and most students will encounter this sort of minor injury from time to time in their training. More serious injuries are possible, including sprains, strains, cramps and injuries of similar magnitude and students can expect to encounter these injuries infrequently. The possibility of more serious injury exists, including fractured bones, broken bones, torn ligaments, though not all students encounter such serious injuries.

I understand the above statement of risk and I understand the rights and responsibilities of students. I assume responsibility for my own safety or the safety of my child, understanding and accepting the risks involved with martial arts training. Even if the instructor has informed me that no serious injuries have ever happened in this school or with any of the instructors, I understand that this does not mean that there is no possibility of harm.

I will endeavor at all times to ensure that I follow directions and the Dojo rules for my safety and the safety of others.

Member _____ Date _____
(Parent or Guardian to sign if applicant is under 18 years of age)

ID: _____ See reverse side for Registration details