

SGRO KARATE Registration Form

First Name: _____ Last Name: _____

Age: _____ Date of Birth: ____/____/____ School Attending: _____

Home Phone _____ Cell _____ Work _____

Address: _____ City: _____ ST _____ Zip: _____

Emergency Contact info: Name _____ Phone _____

Relationship to Student: _____

Parent Info

Father Name: _____ Mothers Name: _____

Home Phone _____ Cell _____ Work _____

Address: _____ City: _____ ST _____ Zip: _____

Name of Place of Employment: F _____ M _____

Address: _____ City: _____ ST _____ Zip: _____

Student Goals

____ Self-Confidence ____ Self-Discipline ____ Self-Respect ____ Self-Control

____ Self-Awareness ____ Self-Defense ____ Anti-Bully ____ Humility

____ Strength ____ Flexibility ____ Endurance ____ (_____)

Do you have any current or past physical injuries, limitations, or reasons why you would not be able to participate in the martial arts? No Yes (Please explain. Use back page)

Waiver and Release

I do hereby agree to participate in SGRO KARATE. The responsible party must read the entire agreement before signing. I recognize the risks of injury that are common to any martial arts program that my child or I participate in and I do hereby waive and release SGRO KARATE, any Instructor or Assistant Instructor, and David L. Sgro from and against any and all claims, actions, causes of action, damages, costs, liabilities, expense of judgments, including attorney's fees and court costs, that arise out of my participation in this program. I hereby execute this Waiver and Release form permitting my minor child and / or myself to participate in SGRO KARATE. By signing below indicates that you have read the Waiver and Release guidelines, terms and conditions, and regulations on this registration agreement and fully understand the contents.

I have executed this Waiver and Release this _____ day of _____, 20_____.

Signature of Student or Parent / Guardian if under the age of 21

Signature of SGRO KARATE representative