



616 822.5616

528 WOLVERINE STREET, ROCKFORD, MI 49341

PLEASE FILL OUT COMPLETELY

| | | | | |
|---|----------|-------------------------------------|--------------|------------------------|
| Name | | Your Telephone | | |
| Address | | Emergency Telephone (name & number) | | |
| City | State | | Zip | |
| Date Of Birth | Sex | Height | Weight | email address |
| Name Of Parent Or Guardian (If under 18) | | | | |
| Do you have any conditions, illness or injuries that would prevent you from engaging in a physical activity of this nature? (If yes explain). | | | | |
| Are you under a doctor's care for any injuries, illness or conditions? | | | | |
| Your Employer (parent or guardians if under 18) | | Telephone | | |
| Have you ever studied karate or another martial art before? (If yes please give instructor name and any rank you achieved) | | | | |
| Name any other athletics you have participated in. | | | | |
| Why do you want to take karate or kickboxing? | | | | |
| Who or what referred you to this school | | | | |
| Newspaper Ad | Radio Ad | Television Ad | Friend (who) | Other (please specify) |

BY SIGNING THIS SHEET YOU ARE STATING THAT YOU UNDERSTAND ALL THE TERMS AND CONDITIONS CONTAINED HEREIN. INITIALS: _____

I do hereby request to be admitted to classes and I fully understand that the instruction, classes and use of any facilities and equipment are physical in nature and as such there is a risk of injury. I accept all such risk for any injury including but not limited to the following: paralysis, head trauma, neck trauma, back trauma, injury to the arm, legs, feet, hands, impaired mental functions, loss or impairment of sight, loss or impairment of hearing, broken bones, internal injuries, genital injuries, dental injuries, lacerations, sprains, disfigurement, infectious diseases such as AIDS, HIV, herpes, hepatitis and others and any other injury that I may incur through my participation in classes, instruction and use of facilities. I further accept all risk of injury that may impair or eliminate my ability to perform gainful employment. I also understand that proper instruction cannot and will not eliminate the risk of injury.

Pro-Karate Rockford recommends that you undergo a physical examination before undertaking this activity. I understand that my failure to have a physical exam performed may result in a condition causing serious injury or death. I hereby further represent that I have no medical or other condition that would expose me to any type of unusual risk while participating in classes, instruction and use of facilities.

If I am signing this addendum for a minor child I agree that all the terms and conditions contained in the membership agreement and herein shall apply to the child or children enrolled. I understand that Pro- Karate Rockford is at no time responsible for the supervision of children. You agree to be responsible for and to supervise your children.

By signing below I hereby release and hold harmless Pro-Karate Rockford, it's instructors, employees, sub-contractors, agents and assignees harmless from any claim or cause of action resulting from any matter relating to the above points as well as any other injury I may receive through my classes, instruction and use of the facilities.

_____/_____/_____
 Signed Dated