



COVENTRY SHOTOKAN KARATE CLUB

STUDENT REGISTRATION FORM

STUDENT INFORMATION					
Student Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB / /	<u>Medical Conditions</u>	
Addtl. Family Member :		<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB / /		
Addtl. Family Member :		<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB / /		
Have you Practiced Karate in the past ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what school did you attend ?	Last Belt Ranking ?	Years Training ?	Style?	
Home Street address:			Home Telephone: ()	Cell Telephone: ()	
Apt #	City:	State:	ZIP Code:		
Height	Weight	E-mail Address @			
How did you hear about us ?		<input type="checkbox"/> Family Member <input type="checkbox"/> CSKC Web Site <input type="checkbox"/> Google / Yahoo <input type="checkbox"/> Other _____			
<input type="checkbox"/> Present Student Referral <input type="checkbox"/> Friend <input type="checkbox"/> Other School _____					
Other family members training at RI Shotokan Karate:					

PARENT OR GUARDIAN INFORMATION (IF STUDENT UNDER 18 YEARS AGE)					
Parent or Guardian Name:		Address (if different):		Home Telephone: ()	
City, State Zip Code (if different)		E-mail address :		Cell phone no.: ()	
Relationship to student:	<input type="checkbox"/> Parent	<input type="checkbox"/> Spouse	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/>	

PAYMENT OPTIONS & RELEASE	
<u>PAYMENT OPTIONS:</u>	<input type="checkbox"/> Individual Student \$45/mth <input type="checkbox"/> Family Plan, 2 Students (\$75/mth) <input type="checkbox"/> Family Membership, 3 + (\$95/mth) <input type="checkbox"/> Child of Deployed Military \$10/mth

RELEASE OF LIABILITY:

YES No I give my child permission to participate in free sparring during class

YES No I understand that photos may occasionally be taken during class or during other dojo events, which may from time to time be published on our school web site. I give permission to include my image or images of my child / dependent when pictures are posted to the school web site.

The above information is true to the best of my knowledge. I give permission for my child to attend classes. I understand that Shotokan Karate training is a contact Martial Art that involves vigorous exercise. Although CSKC instructors use care to ensure injury-free classes, I do understand that participation in class does involve the risk of injury to myself or to my child / dependent. I hereby release Christopher J. Dacey, Coventry Shotokan Karate Club, and it's instructors from any liability resulting from any injury to myself or my child / dependent while training at Coventry Karate Club. I also agree to promptly notify the instructors of any medical condition that might present a danger to myself or my child while practicing karate. All information provided is kept confidential by CSKC.

Student (If age 18) or Parent / Guardian signature
Date

