



Student Information

Date: _____

Student Name: _____ Age: _____ Birthdate: _____

Address: _____ City _____

Zip _____ Male/Female Phone number: _____

Email _____

Parent's (if under 18) Name's: _____

Is anyone else responsible for the decisions or the tuition for the lessons? Yes/no

If yes, who? _____

How did you find about Ichiban Karate & Fitness? _____

If a referral, who referred you? _____

Have you ever studied Martial Arts before? Yes/No

If yes, how long? _____ What style? _____

Will you be living in the area for the next year? _____

Will you be able to attend classes at an average of twice per week? _____

Do you have a place to practice what you learn in class? _____

If you were to enroll your child in KARATE, what would you most like to see him or her achieve?

WAIVER

I certify that my child, _____ is currently in good health with no physical limitation, and that I will not hold Ichiban Karate & Fitness LLC, or its staff liable for any injuries incurred while attending this martial arts course, unless they are a direct result of negligence.

Parent signature: _____ Date: _____