

Kensho-Ryu Kenpo Family Karate Center

See what our family can do for your family!

Information Sheet

Today's Date: _____ Phone: _____ Cell: _____

Name (of Student): _____ Age: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

(For Students under 18)

Mother's Name: _____ Father's Name: _____

How did you hear about Kensho-Ryu Kenpo Family Karate Center?

Have you ever taken Karate before?

Are there any medical conditions we should be aware of?

What are some of the goals you wish to accomplish through Kensho-Ryu Kenpo Family Karate Center?

Physical Fitness Stress Reduction Fun activity
 Self Discipline Self Improvement Concentration
 Motivation Confidence Self Esteem
 Improvement in school/career

Email Address _____ Check here to receive our email newsletter.

Waiver of injury

The undersigned certifies that all questions were answered truthfully and completely. The member further testifies that he/she has no physical, mental, or emotional illness that could impair training or cause his/her training to be injurious.

While every effort will be made to make the facilities and classes as safe as possible, he/she must realize that any physical activity has the potential for injury and that he/she waives any claim of accidental and or negligent damage against Kensho-Ryu Kenpo Family Karate Center and or principal or instructors resulting from activity. He/she, parents, or guardians hereby acknowledge an assumption of risk by accepting to allow the undersigned to participate in Kensho-Ryu Kenpo Family Karate Center Activities.

Signed: _____

For Office: Class Start and type: _____
Uniform purchase: Y N Monthly Quarterly Bi-Annually Tuition