



# Welcome to the Wenatchee School of Karate

Office Use:

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Names (if student is under 18 yrs.): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

If a student, name of school attended: \_\_\_\_\_

## How did you hear about us?

Yellow pages \_\_\_\_\_ Wenatchee World \_\_\_\_\_ Nickel Ads \_\_\_\_\_

Referred by a friend (Who may we Thank for referring you?) \_\_\_\_\_

School Demonstration \_\_\_\_\_ Which School? \_\_\_\_\_

Healthy Kids Day \_\_\_\_\_ Radio \_\_\_\_\_ Webpage \_\_\_\_\_

## Please Circle If The Student Has Problems In Any of These Areas:

Asthma

Epilepsy

Orthopedic Or Back Problems

Heart

Diabetes

High Blood Pressure

Other: \_\_\_\_\_

Medications: \_\_\_\_\_

**RELEASE:** I hereby consent to participate in activities offered by the Wenatchee School of Karate. It is hereby agreed that I or my children waive and release all rights and claims for damages that I may have at any time against the School, its representatives whether paid or volunteer for any injury or damages in connection with the Karate/Tai Chi/Yoga program or other activities related to the Wenatchee School of Karate. The risks involved in respect to such a program are fully understood.

Permission for medical treatment: I confirm that the above named person is in good health. I hereby authorize simple first aid and consent to any x-ray, exam and medical or surgical diagnosis which is deemed necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or guardian, if under 18)