

SGRO KARATE APPLICATION

Students Name: _____ Age: ____ Sex: ___M ___F

Address: _____ E-mail _____

City _____ State _____ Zip _____

Tel H _____ C _____ W _____

Fathers Name/Phone (If the student is a minor): _____

Does this parent live with the child: ___ Yes ___ No (Is this parent active in the Childs life):
___ Yes ___ No. If no, why not? _____

Mothers Name/Phone (If the student is a minor): _____

Does this parent live with the child: ___ Yes ___ No (Is this parent active in the Childs life):
___ Yes ___ No. If no, why not? _____

Family status: (Married, Divorced, Blended Family, etc) _____

What are your goals (Check all that apply):

___ Discipline ___ Respect ___ Confidence ___ Control ___ Balance

___ Being Bullied ___ Weight Loss ___ Self-Defense ___ Exercise ___ Flexibility

___ Other _____

Waiver of Claim: I hereby submit my application for karate classes at SGRO Karate. I agree to waive all claims against any persons, school, or association connected with SGRO KARATE. I assume complete and full responsibility for any injuries I may sustain, and likewise will assume full responsibility for all my actions in connection with training at SGRO KARATE. I have examined the facilities and have found them appropriate for lessons in the martial arts.

Signature: _____ Date: _____

If under 18 years, guardian must sign

Office Use Only;

Students Name/Age/DOB: _____

Top 3 areas of interest: 1) _____ 2) _____ 3) _____

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Inquiry Date: _____ Response Date: _____ Previous Training: ___ Y ___ N Info: _____

First Intro Scheduled: _____ Complete ___ Y ___ N (If No, rescheduled)

Second Intro Scheduled: _____ Complete ___ Y ___ N (If No, rescheduled)