

East West Karate Center
5330 South Division
Grand Rapids, MI 49548
532-1193

NEW STUDENT APPLICATION

PERSONAL INFORMATION

Name: _____

Address: _____

City, State, ZIP: _____

Home Phone #: _____ Work Phone #: _____

Age: _____ Date Of Birth: ____/____/____

Height: _____ Weight: _____

Emergency Contact: _____

Phone # _____ Relationship _____

Email Address: _____

Why Do You Want To Learn Karate?

How did you hear about our school?

Do you have any medical conditions that we should be aware of?
If yes, what?

SESSION 1:

Date: _____
Time: _____
No. Of Students _____
Instructor: _____

SESSION 2:

Date: _____
Time: _____
No. Of Students _____
Instructor: _____

ORIENTATION:

Date: _____
Time: _____
No. Of Students _____
Instructor: _____

Injury Waiver: Student, the parent, or the legal guardian on behalf of the student, acknowledges and is fully cognizant of all the inherent dangers in connection with the execution of Martial Arts and acknowledges that the execution of Martial Arts requires physical exertion and contact, and realizes that there is a risk of physical injury which may be incurred while engaged in this activity. Student, parent, or legal guardian on behalf of the student, hereby waives any and all claims for any physical injury in connection with the training at the school and expressly assumes the risk of all dangers or injury inherent to the Martial Arts.

Signed: _____

Parent Or Guardian If Under 18: _____