

Cape Fear Isshin-Ryu Karate Program



REGISTRATION FORM

STUDENT

Name: _____

Date of Birth: _____ **Age** _____

Grade: _____ **School** _____

Parent/s Name (if minor): _____

Home Address: _____

City _____ **State** _____ **Zip** _____

Phone: (H) _____ **(W)** _____ **(CELL)** _____

Email Address _____

In Case of emergency, contact:

NAME: _____

Phone: _____ **Relation to student:** _____

I understand that karate and all other Martial Arts are sports involving physical contact and physical exercise. I am aware that my child is engaging in physical exercise and self-defense instruction. I understand that it is advisable to contact my child's physician before entering any physical fitness program. My child is voluntarily participating in these activities. In the event I cannot be reached in an emergency, I hereby give my consent to Cape Fear Isshin-Ryu, its instructors, employees, or any Emergency Medical Personnel to administer or secure any necessary treatment to my child in the event of an emergency and transport him/her by ambulance if the situation warrants.

Parent/Guardian/Student Signature

Date