

NEW STUDENT INFORMATION

Student's Name _____ Parent's Name _____

Age _____ Date of Birth ____/____/____ Email _____

Address _____ City _____ Zip Code _____

Phone (Home) _____ Phone (Cell) _____

Has the student ever studied Karate or any other Martial Art before? () Yes () No

If yes, what style and where? _____

Does the student have any injuries or handicaps? () Yes () No

If yes, please explain _____

How long has the student been thinking about taking Karate? ____ weeks ____ months ____ years

Why does the student think now is a good time to start at Jerry Hansman's Karate? _____

Why does the parent/guardian think now is a good time to start at Jerry Hansman's Karate? _____

What other sports is the student involved in? _____

Where did you hear about Jerry Hansman's Karate? _____

From time to time we take photographs or video of our students during classes, graduations, tournaments etc. We sometimes post these pictures on our Facebook Page, Website, or other media .We do not include individual names or other information. Do we have your permission to use your child's images? **YES/NO**

I represent that I am in good physical condition and have no disability, ailment or impairment that would prevent me from participating in active and/or passive exercise activity. I am aware that Karate classes are a strenuous activity and that in spite of the safety rules of the school, the required safety equipment and the best efforts of Jerry Hansman's Karate, its owners, agents, employees and instructors, can be and is dangerous and that serious injuries including but not limited to broken bones can occur. **I hereby knowingly, intelligently and voluntarily agree to accept all risk of injury of any kind, even death that may result from my participation in these classes. I hereby expressly release Jerry Hansman's Karate, its owners, agents, employees, instructors and students from any and all liability for any injuries including death that I may incur that result from my participation in any and all classes.**

Signature of Student

Signature of Parent or Guardian

Date