



Wenatchee School of Karate

Registration Instructions

Please read the instructions to insure you complete all the appropriate sections of the registraion form.

If you are the parent of an enrolling student, please go to **Step 1**.

If you are over 18 and are enrolling yourself, please go to **Step 2**.

Step 1:

If you are a parent enrolling your children, please fill out Section **I** on the attached form; this section is about you. If you are also enrolling yourself, Section **II** pertains to you, as well (otherwise leave this section blank). Please continue with Section **III**. Section **IV** is for your children's information. Sections **V** & **VI** will complete your registration.

Step 2:

If you are over 18 years of age and enrolling yourself, please complete Sections **I, II, III, V** and **VI**.



Welcome to the Wenatchee School of Karate

Office Use:

Fill out Section I if you are a parent of the student, or if you are the student and at least 18 years of age.

I: Parent or Adult-Student Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you responsible for tuition payments? YES NO

If you checked NO, then who is financially responsible? _____

Fill out Section II if you are the adult student listed above. If not, please continue student info in Section IV below.

II: Adult-Student Information Continued

Age: _____ Birth Date: _____ Occupation / School Attending: _____

Please check if you have problems in any of these areas:

- | | | |
|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Orthopedic or Back Problems |
| <input type="checkbox"/> Heart | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> Other: _____ | |

Medications: _____

III: How did you hear about us?

- Our Website, Google, Etc. Yellow Pages Wenatchee World
- Referred by a friend. If so, friend's name? _____
- School demonstration. If so, which school? _____
- Chelan County Fair demo. Other: _____

Fill out Section IV for youth students and/or additional adult students in the same household.

IV: Additional Family Members Enrolling

Name: _____ Relationship: _____

Cell Phone: _____ Email Address: _____

Age: _____ Birth Date: _____ Occupation / School Attending: _____

Please check if you have problems in any of these areas:

- | | | |
|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Orthopedic or Back Problems |
| <input type="checkbox"/> Heart | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> Other: _____ | |

Medications: _____

Continued on next page. →

IV: Additional Family Members Enrolling

Name: _____ Relationship: _____

Cell Phone: _____ Email Address: _____

Age: _____ Birth Date: _____ Occupation / School Attending: _____

Please check if you have problems in any of these areas:

Asthma

Epilepsy

Orthopedic or Back Problems

Heart

Diabetes

High Blood Pressure

ADD / ADHD

Other: _____

Medications: _____

Name: _____ Relationship: _____

Cell Phone: _____ Email Address: _____

Age: _____ Birth Date: _____ Occupation / School Attending: _____

Please check if you have problems in any of these areas:

Asthma

Epilepsy

Orthopedic or Back Problems

Heart

Diabetes

High Blood Pressure

ADD / ADHD

Other: _____

Medications: _____

Name: _____ Relationship: _____

Cell Phone: _____ Email Address: _____

Age: _____ Birth Date: _____ Occupation / School Attending: _____

Please check if you have problems in any of these areas:

Asthma

Epilepsy

Orthopedic or Back Problems

Heart

Diabetes

High Blood Pressure

ADD / ADHD

Other: _____

Medications: _____

V: Emergency Contact Information

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____

VI: Hold Harmless Agreement

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 and its representatives, whether paid or volunteer, for any injury or damages in connection with the Karate/Fencing programs or other activities related to the Wenatchee School of Karate. The risks involved in respect to such programs are fully understood.

Permission for medical treatment: I confirm that the above named person(s) is(are) 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.

Allow use of photos in advertising: Yes No

Signature: _____ **Date:** _____

(Parent or guardian, if under 18 years.)