

Mt Pleasant Karate

423 West Coleman Blvd. Suite F Mt Pleasant, SC 29464

Confidence
Self - Esteem

Discipline
Respect



“Karate for Success” Registration Form

Student Name: Last: _____ First: _____ Age: _____

Parents Name (if student is a Minor): _____

Address: Street: _____ Apt. No. _____

City: _____ State: _____ Zip: _____ Date of Birth: _____ Male/Female

Occupation: _____ E-Mail address _____

For Children only - Name of School Attended: _____

Home Phone: () _____ Work Phone: () _____

Previous Martial Art Training ? Yes No. If Yes, Style: _____ Rank: _____

- I hereby grant permission to Mt. Pleasant Karate to take a picture of my child named above for the purpose of providing a safety identification card.
- I do not grant permission to Mt. Pleasant Karate to take a picture of my child.

Health Condition: Please list any physical defects, illnesses or conditions (such as asthma, T.B. Hernia, Epilepsy, High blood pressure, Diabetes etc.) _____ by _

_____ It is understood that tuition is non – refundable.

(initial)

_____ The undersigned represents that he or she has no physical condition or illness which would render the
(initial) applicant unable to participate in a strenuous physical activity such as martial art training.

_____ Recognizing that the nature of this activity involves risk of personal injury and with this knowledge, the
(initial) applicant agrees to indemnify and hold harmless **Mt. Pleasant Karate** and **it's** officers, instructors and staff from any and all liability or losses whatsoever arising from participation in this program.

_____ I promise to use the knowledge gained at this school with honor, and for the well being of myself or the
(initial) defenseless. I will never do anything to bring disgrace to this school.

Student Signature: _____ Date: _____ Guardian

Signature: _____ Date: _____