

REGISTRATION



Genbu-Kai Karate of Michigan
586.899.6673 thekarateway.com

General Information

Date: _____

Student Name: _____ Age: _____ Birthdate: _____

Student Name: _____ Age: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

email: _____

Cell Phone: _____ Home Phone: _____

Have you trained in Martial Arts before? Yes No

In consideration for my attendance and participation in the martial arts offered by Genbu-Kai of Clinton Twp. LLC, I, the student acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve the school, its management, assigned staff and fellow students from any liability resulting from loss, whether personal belongings or bodily injury. I also hereby state that myself or my child is physically fit to take the prescribed course of instruction and so of my own freewill.

Signature: _____ Date: _____

Adult Information

What specifically would you like to accomplish in our martial arts program?

Other Activities/Sports: _____

Do you have any medical concerns that we should be aware of? _____

How did you hear about our school? _____

Please label each column in order of importance for your child (#1- 4).

Self Confidence

- Self Esteem
- Assertiveness
- _____ • Pride

Physical Fitness

- Weight Control
- Strength & Flexibility
- _____ • Coordination

Self Discipline

- Concentration
- Self Control
- _____ • Integrity

Self Defense

- Safety
- Confidence
- _____ • Awareness