



## Student Application and Waiver

- \_\_\_ ASF# \_\_\_\_\_
- \_\_\_ Master Info
- \_\_\_ Email \_\_\_ MAB
- \_\_\_ Boards & BBE
- \_\_\_ Take Family Picture
- \_\_\_ Make File & Folder
- \_\_\_ Membership Agreement

Date \_\_\_\_\_

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
(First) (MI) (Last)

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
(First) (MI) (Last)

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
(First) (MI) (Last)

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
(First) (MI) (Last)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mothers Name \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_ Email: \_\_\_\_\_

Fathers Name \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Siblings Names \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Do you have any physical or mental ailments that we need to know about that may cause injury while practicing karate?

Please explain \_\_\_\_\_

Have you had any previous martial arts experience? Yes / No

If so, what martial art (if karate, what style), how long did you take lessons and what rank are you certified?

\_\_\_\_\_

Do you excel / participate in other sports or hobbies? \_\_\_\_\_

\_\_\_\_\_

What Benefit do you want to gain from taking karate? \_\_\_\_\_

Why do you want to take karate? \_\_\_\_\_

\_\_\_\_\_

Why do you want to take karate from Falbo's Family Karate? \_\_\_\_\_

\_\_\_\_\_

Do you know anyone that is presently taking karate classes at Falbo's Family Karate? Yes / No \_\_\_\_\_

How did you come to find Falbo's Family Karate: School Talk \_\_\_ Phone Book \_\_\_ Flyer \_\_\_ Friend \_\_\_ WHO \_\_\_\_\_?

Internet \_\_\_ Drive by \_\_\_ Parents Night Out \_\_\_\_\_

Do you have an area to be able to practice what you learn in your karate class? Yes No

What classes are you planning to attend? \_\_\_ Kickboxing \_\_\_ Adult Karate \_\_\_ Junior Karate \_\_\_ Little Ninjas \_\_\_ Aikido

**Please Read This Section Very Carefully and if you have any questions do not hesitate to ask.**

Assuming you have researched what, true *Karate* is about, you know it takes dedication, commitment, humility, respect, attention to detail and patience. With these attributes, we build strong bodies, strong minds and strong desire to be a better person. **Attendance is important.** If you have to miss class, please call the school and let us know so we are able to schedule a make-up class. Our goal at Falbo's Family Karate is to bring families and individuals together to practice the true art/sport/self defense called Karate. Here at FFK, we are always striving to better our product. Thank you for choosing Falbo's Family Karate and I hope you enjoy all of your classes. If there is anything we can do to make your experience more meaningful, please, do not hesitate to let us know.

Respectfully,  
Shihan Jimmy Falbo – Head Instructor

**OVER**

## Release and Hold Harmless Agreement for Karate Students

I, the undersigned participant/parent, request voluntary participation for myself /minor to participate in all activities including regular karate classes sponsored by Falbo's Family Karate, Inc all of which are hereinafter referred to as the "activity".

I consent to my/minor's participation in the activity and acknowledge that the minor and I fully understand my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

I consent to my child to participate in the after-school karate program that requires transportation to the school site from their school or from another location. This transportation will take place under the guidance and direction of school employees and/or volunteers from Falbo's Family Karate, Inc.

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

I agree that photographs, pictures, slides, movies, video, or other media coverage of my/minor may be taken in connection with my/minor's participation in the activity without compensation from the Falbo's Family Karate, Inc, the Trustees of Falbo's Family Karate, Inc and the officers, employees, and agents of each of them and consent to the use of photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my/minor's participation in the activity. I agree I am financially responsible for any losses resulting from my/minor's actions and will indemnify Falbo's Family Karate, Inc, the Trustees of the Falbo's Family Karate, Inc and the officers, directors, employees and agents of each of them, for any loss or damage caused by myself/minor during this activity.

In consideration of my/minor's participation in the activity, I hereby waive all claims or causes of action against the Falbo's Family Karate, Inc and the officers, directors, employees and agents of all of them, arising out of my/minor's participation in the activity and hereby release, hold harmless, and discharge the Falbo's Family Karate, Inc and the officers, directors, employees and agents of each of them from all liability in connection therewith except such loss or damage which was caused by the sole negligence or willful misconduct of the Falbo's Family Karate, Inc and it's officers, employees, representatives and volunteers, and the officers, directors, employees and agents of each of them.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against Falbo's Family Karate, Inc and the officers, directors, employees and agents of each of them is knowingly given up in return for allowing my/minor's participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns. **This Liability Waiver has no expiration.**

**Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.**

\_\_\_\_\_  
Emergency contact name (print)

\_\_\_\_\_  
(Area code) Phone number

\_\_\_\_\_  
Parent's signature (required for minors)

\_\_\_\_\_  
date

\_\_\_\_\_  
Relationship to the participant

List medical/prescription information below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_