GUEST REGISTRATION

GENERAL INFORMATION

Date _____ Sponsor's Name _____

Student's Name _____ Age _____ Birth date _____

Student's Name _____ Age _____ Birth date _____

Parents/Gaurdian Name: _____

Address _____ Email _____

City _____ Zip _____

Home Phone _____ Office Phone _____ Cell Phone _____

Have you or your child ever trained in the Martial Arts before? ◯ No ◯ Yes

In consideration for my attendance and participation in the martial arts offered by Lee's Karate and Cardio Kickboxing, LLC, I, _____ 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 _____

CHILDREN INFORMATION

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

_____

_____

School _____ Grade _____ Teacher _____

Type of Student: ◯ Honor ◯ Average ◯ Needs a Little Help

What other Activities/Sports? _____

Does your child 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 (from #1 - #4)

Self Confidence	**Physical Fitness**	**Self Discipline**	**Self Defense**
• Self Esteem	• Weight Control	• Concentration	• Safety
• Assertiveness	• Strength & Flexibility	• Self Control	• Confidence
• Pride	• Coordination	• Integrity	• Awareness
#_____	#_____	#_____	#_____