

# Māsharu Martial Arts

## Enrollment Application

### Applicant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Age: \_\_\_\_\_ Nickname: \_\_\_\_\_

### Parents

Mother: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

### Allergies

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### Signature

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use

Uniform size: \_\_\_\_\_ Belt size: \_\_\_\_\_

Sparring gear: Head \_\_\_\_\_ Hand: \_\_\_\_\_ Feet: \_\_\_\_\_