



Student Information

Why is now a good time to start karate?

1st Student Name: Age: Date of Birth: Grade:

2nd Student Name: Age: Date of Birth: Grade:

Parents' names

Mother: Father:

Occupation: Occupation:

Name of Nanny or Sitter Email Address:

Home Address (Parents): City: State: Zip

Name of neighborhood (if applies):

Home Phone:

Cell/ Other:

Medical Information (Student):

Any medical problems? Yes _____ No _____ if yes, please list: _____

On any medication Yes _____ No _____ if yes, please list: _____

Any allergies or allergic to any medication? Yes _____ No _____ if yes, please list: _____

No exercise program should be undertaken without the expressed clearance of a physician. The subscriber agrees to hold harmless Atlanta Kick, its staff, officers, and students, for any aggravation of a pre-existing health condition, whether or not disclosed above. The subscriber certifies that the above information is true and complete

I, _____ ("Member"), hereby represent, warrant and insure, for any person(s) being registered ("Student"), that I have had an opportunity to observe the programs offered by AK and that the Student(s) is/are physically and mentally able to take classes offered by AK in any program in which Student(s) may participate. By signing this agreement, Member and Student(s) agree to fully and completely comply with all terms and conditions hereof and AK rules and regulations. Failure to comply is grounds for immediate suspension or termination of membership. I, and the Student, are fully aware and agree that martial arts involves skills and training which include violent and sudden movements and that in connection with the training and instruction, there may be contact between instructors and Student and between and among students and that such contact may result in personal injury to the Student, despite precautions taken to avoid such injuries. I warrant that I have authority to and hereby consent for Student(s) to engage in such contact as may be necessary or required by the Student's participation in the training program and/or classes and further agree that I and the Student(s) assume the risk of any and all injuries that the Student(s) may suffer or incur as a result of their participation in any program offered by AK. Member, on behalf of him/herself, the Student, and/or anyone claiming by or through the Member and/or the Student, hereby holds harmless, releases, indemnifies, covenants not to sue and forever discharges AK and its officers, directors, employees, instructors, agents, operators and authorized representatives from any liability, claim, loss and/or expense, including loss of property, personal injury, disability, death, incurred by the Member and/or the Student and arising from the Student's participation in any program offered by Atlanta Kick, whether or not such injury or damage was caused by the negligence or willful misconduct of Atlanta Kick, its instructors, students, agents, employees, operators, or authorized representatives. I hereby certify that I am at least 18 years of age, and competent to enter into this Agreement under Georgia law.

Signature:

Date: