

American Family Kenpo

See what our family can do for your family!

Information Sheet

Today's Date: _____ Phone: _____ Cell: _____

Name (of Student): _____ Age: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

(For Students under 18)

Mother's Name: _____ Father's Name: _____

How did you hear about American Family Kenpo? _____

Have you ever taken Karate before?

Are there any medical conditions we should be aware of? _____

What are some of the goals you wish to accomplish through American Family Kenpo?

- | | | |
|---|---|--|
| <input type="checkbox"/> Physical Fitness | <input type="checkbox"/> Stress Reduction | <input type="checkbox"/> Fun activity |
| <input type="checkbox"/> Self Discipline | <input type="checkbox"/> Self Improvement | <input type="checkbox"/> Concentration |
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Confidence | <input type="checkbox"/> Self Esteem |
| <input type="checkbox"/> Improvement in school/career | | |

Email Address _____ Check here to receive our email newsletter.

Waiver of Injury

The undersigned certifies that all questions were answered truthfully and completely. The member further testifies that he/she has no physical, mental, or emotional illness that could impair training or cause his/her training to be injurious. While every effort will be made to make the facilities and classes as safe as possible, he/she must realize that any physical activity has the potential for injury and that he/she waives any claim of accidental and or negligent damage against American Family Kenpo and or principal or instructors resulting from activity. He/she, parents, or guardians hereby acknowledge an assumption of risk by accepting to allow the undersigned to participate in American Family Kenpo activities.

Signed: _____

For Office: Class Start and type: _____

Uniform purchase: Y N Monthly Quarterly Bi-Annually Tuition