



KARATE WORLD

Karate • Kickboxing • Jiu-Jitsu

Student Registration

Student Name _____ Birth Date _____

Student Name _____ Birth Date _____

Parent or Guardian Name _____

Mailing Address _____

City Zip _____

Phone _____ email _____

Preferred method of contact: ☐ call ☐ text ☐ email

How did you hear about us? _____

What school does your child attend? _____

In consideration for my attendance and participation in the martial arts offered by Karate World (KARATE WORLD OF SURFSIDE, INC.), I, the student/parent, 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 do so of my own free will.

Signature _____ Date _____

Credit Card On File

Name (as it appears on card) _____

Credit Card Number _____

Expiration Date (Month / Year) ____ / ____

CVC Code _____

Type of card: ☐ Visa ☐ Mastercard ☐ Discover

Signature _____ Date _____

FOR OFFICE USE ONLY

UN _____

PW _____