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Birthday Party Attendee Information Sheet

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: _____ Cell Phone: _____

Email Address _____

Birth Date / / _____

Have you studied the martial arts before? **YES** or **NO**

If YES, Explain _____

Do you have any physical conditions, including surgery, which may affect you physically **YES** or **NO**

If YES, Explain _____

Being duly aware of the risks and hazards inherent in activities related to the martial arts and kickboxing. I/we hereby elect voluntarily to participate in said activities. I/we assume all risks of loss, damage or injury that I/we may sustain while participating in the aforementioned activities. I/we hereby release Karate World and all persons concern with said activities from any and all claims, demands and causes of action on action of injury, which may occur from participation in said activities. I understand my responsibilities as a student of Karate World. I have been notified of my payment arrangements, parking policies, dojo rules, and code of conduct. I have completed this form honestly and completely to the best of my knowledge.

Student's Signature (or Parent's if under 18) Date

(For office use only)

Thai Cardio KHN TKD Trial birthday party date _____
Basic Master Club/Black Belt Club

(start date) _____ Card: _____ Uniform _____ Gloves _____ Computer/Filed _____

After 1st class did they sign up for Quick Start _____ or _____ 12 month _____ 6month membership