



Bring A Friend Month

ALL STUDENTS ARE WELCOME TO BRING A FRIEND TO KARATE CLASS ON FRIDAYS. PLEASE HAVE THE PARENT FILL IN THE INFORMATION AND CONTACT CARD. THE VISITING CHILD SHOULD BRING IT WITH THEM WHEN THEY COME TO TRY A CLASS.

Child Information and Contact Card

PLEASE PRINT LEGIBLY

Email (required)_____

Child Name_____Phone(Home)_____

Parent Names_____Phone(Cell)_____

Home Address_____City_____

State _____ Zip code_____

Child Birth Date_____M/F_____School_____

Parent Occupation_____

Any Medical Injuries_____

How did you hear about us?_____

I am aware that Poway Shotokan Karate Academy is here to serve me and my child by sharing knowledge of martial arts and/or fitness. By my participating in classes or activities with Poway Shotokan Karate Academy I agree to take full responsibility for not exceeding my child's limits in the practice of Martial Arts and/or fitness. It is my responsibility to ascertain that there is no medical reason to prevent my child's participation in class and I hereby waive any claim that I might have at any time for injury of any sort against Poway Shotokan Karate Academy or any person or entity in any way involved therewith. I have carefully read the release and the school policies and fully understand and agree to these conditions.

Signature of Parent or Legal Guardian_____Date_____

Poway Shotokan Karate Academy

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