



Maplewood Karate LLC
AGREEMENT APPLICATION FOR TRAINING

Start Date: _____ Student Name: _____

Age: _____ Telephone: _____ Mobile _____

Parent Name: _____ Other Parent _____

Address: _____

Email: _____

The **STUDENT** warrants, represents, and acknowledges, that **MAPLEWOOD KARATE LLC**, has fully informed him/her of the nature and risks involved in the sporting and athletic activities taught by **MK SJ**; that he/she is physically and mentally fit to participate in such activities; that he/she will not use the knowledge and skills acquired from **MK SJ IN ANY WAY BUT A DISCREET AND JUDICIOUS MANNER**; that he/she will abide by the **RULES AND REGULATIONS** of **MAPLEWOOD KARATE LLC.**; that he/she assumes the risk of any and all **ACCIDENTS** and **INJURIES** of any kind sustained by him/her by reason of or in connection with said activities, and hereby **RELEASES DISCHARGES AND ABSOLVES MAPLEWOOD KARATE LLC**, its agents, programs and employees for and from any and **ALL LIABILITY** or **RESPONSIBILITY** for such **ACCIDENT** or **INJURIES**, whether the same are caused by or attributable to their negligence of any of them. I also authorize that Maplewood Karate LLC has the right to use all photographs or video taken of me or my child while participating in the Maplewood Karate LLC programs for advertising and promotional material.

How did you hear about Maplewood Karate?

AGREEMENT MADE THIS _____ DAY OF _____, 20____
APPROVED AND AGREED TO:

(SIGN) PARENT OR GUARDIAN OF STUDENT
YEARS OLD

(SIGN) STUDENT OVER 18

Circle Program

- Karate Family 7+ - Karate Kids - Adult Karate - Kid Kickboxing
- Kid Kickboxing - Adult Kickboxing - After School 7+ - After School 4-6
- Drop in – Punch card - Karate Camp

MEDICAL INFORMATION

Physical Condition of Student
Excellent Good Fair

Student's Physician

Name: _____

Address: _____

City: _____ State: _____

Phone: _____

Do you have any impairment that would hinder you from participating in this class: _____
If Yes, Please explain.

Other Notes:

Miscellaneous Information:

SEX: M . F . Grade: _____ School: _____

Have you ever studied any type of martial arts? No___ Yes___ If yes, When_____

Where?_____

In case of emergency, Louis Toledo has my permission to seek medical attention for my child (ren) listed above. I release Maplewood Karate, Louis Toledo and any other instructors, and it's agencies and principals from liability of injury resulting from participation in any class, competition or tournament related to this registration form.

(SIGN) PARENT OR GUARDIAN OF STUDENT
YEARS OLD

(SIGN) STUDENT OVER 18