

CRISPIN KARATE

MEMBERSHIP APPLICATION (please print)

NAME:

AGE:

ADDRESS:

TELEPHONE #:

DATE OF BIRTH:

DOCTOR'S NAME & TEL#:

(month/day/year)

HEALTH CARD NUMBER:

CURRENT RANK (i.e. white belt)

CLUB LOCATION:

EMAIL:

GUARDIAN

PHYSICAL / MEDICAL QUESTIONNAIRE

- 1) Are you on any medications? NO___ YES___
- 2) Do you have any allergies? NO___ YES___
- 3) Do you have any heart/respiratory problems? NO___ YES___
- 4) Do you suffer from any hearing/vision loss? NO___ YES___
- 5) Do you have any muscle problems (paralysis)? NO___ YES___
- 6) Have you had any broken bones/joint
problems within the past year? NO___ YES___
- 7) Please list any other physical/medical ailments which may restrict your full participation in
any classes/seminars taught by CRISPIN KARATE_____

PERSONAL QUESTIONNAIRE

- a) Will you be staying in the area for at least one year? _____
- b) Can you attend classes on a weekly basis? _____
- c) Do you have a place to practice at home? _____
- d) Are you prepared to practice at home at least once per week? _____
- e) Are you willing to set a goal to improve your mental discipline and achieve better fitness? _____

RELEASE OF RESPONSIBILITY AND MEMBERSHIP AGREEMENT

I, the below identified person, do hereby make application for membership and training in those arts sponsored by CRISPIN KARATE. All statements cited prior are true and correct to the best of my knowledge. Upon acceptance I pledge to obey all rules and regulations of CRISPIN KARATE which have been designed for the purpose of discipline and protection regarding myself and other students. I fully realize that a degree of risk is involved in the practice of any Martial Art or way that involves bodily contact such as the art(s) I now wish to participate in. I hereby fully and unquestionably release CRISPIN KARATE, its subsidiaries, the school and/or members and authorized guests from any and all claims for any and all injuries, accidents, or losses that I may receive while practicing the Martial Arts or ways sponsored by CRISPIN KARATE. I agree that upon written request, I will return any and all rank certificates, diplomas, or licenses awarded by CRISPIN KARATE or its authorized representatives if it is so required. I will not teach any CRISPIN KARATE art or way, unless I am a member in good standing of CRISPIN KARATE and have received written permission to do so.

APPLICANT'S SIGNATURE

DATE

PARENT/GUARDIAN (if under 18)