How Were You Referred? W	eb	Social Media	Friend	Other	
	MEMBE	RSHIP REGISTRATIO	DN		
KARATE REGISTRATION		OTHER			
	MEM	BER INFORMATION			
Name		Address			
City	State Zip Code				
Email Address		Phone Numb	er		
Emergency Phone		Date of Birth	_//	Age Sex M / F	
	SCI	HOOL/EMPLOYER			
School/Employer		Occupation of	or Grade		
	PAREN	[S/GUARDIAN/SPOU]	<u>SE</u>		
Father/Guar/Spouse	Mother/Guar/Spouse				
Employer		Employer			
Email Address		Home Phone	Number		
	PREV	VIOUS EXPERIENCE			
Martial Arts Experience		Current Ranl	۲ In	structor	
Name of Previous Club	Location				
	MEDICAL	/ HEALTH INFORMA	ΤΙΟΝ		
Any Injuries or Physical Limita					
		PAYMENT			
Direct Deposit Cl		/Credit Card	Cash		
Monthly \$/	Months \$	Annual	\$ Expi	res / /	
Registration Fee <u>\$20</u>	Annual Me	nbership Fee \$40	TOTAL\$		
Disclaimer- Tuition and membership fees are he next billing date for a monthly charge of \$10 eceived between the 1 st and the 8 th of the mon	NON-REFUNDABLE.	Membership may be placed in SIT payments must be receive	an inactive hold status with d before the first of the mo	a 14 day written request before <u>oth for the above rates</u> . Payments	
I have read this form and	understand the p	oolicies listed on the fr	ont and back. I have	e received a copy.	
MEMBERS SIGNATURE:		Printed Name			
PURCHASERS SIGNATURE:	Printed Name				
Tele: 480-205-6003	• email	: info@KarateAZ.coi	n • www.K	arateAZ.com	
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