

RED SUN ENROLLMENT FORM

Please answer all questions – write 'NONE' if it applies

Participating student: _____ Phone-home: _____

Street Address: _____ Work Phone-mom: _____

City & Zip: _____ 276 _____ Work Phone-dad: _____

Participating student's age: _____ Birth Date: _____ Height: _____

Mother & Father's name (if minor): _____

Occupation: _____ Email: _____

Who to contact in case of emergency: _____ Phone: _____

Insurance company: _____ Policy #: _____

Physician's name: _____ Phone: _____

How did you hear about us?: _____

Previous Martial Art Experience? (if so, how many months/years): _____

Reason for taking Karate: _____

Health • Self-Defense • Curious • Fun • Medical Condition • Confidence • Discipline • Love Dogs

MEDICAL HISTORY: (use back if you need more space)

Are you on any medication? _____ If so, what? _____

Do you have any allergies? _____ If so, what? _____

Are you allergic to any drugs? _____ If so, what? _____

Do you suffer from asthma _____, diabetes _____, epilepsy _____, or bleeding disorders? _____

Do you have any back or neck problems _____

Do you have any chronic joint problems? _____ If so, describe _____

List any major injuries with approximate dates: _____

List all past surgeries with approximate dates: _____

Any other pertinent medical conditions or history? _____ (if so, list on back)

I am aware that participating in martial arts is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport. I hereby release Amy L. Benevento and Red Sun Academy, Inc. from any liabilities that may occur as a result of my participating in the academy. Further, I authorize any necessary emergency treatment of any injury or illness I may experience while participating in any academy function. All such risks are known by me.

I understand this informed consent form and agree to its conditions.

Signature (adult student): _____ Date: _____

Parent or legal guardian: _____ Date: _____