



American Martial Arts Academy

Karate Application



Date of Birth ____ / ____ / ____

STUDENT NAME _____ AGE ____

ADDRESS _____

CITY _____ STATE ____ ZIP ____

HOME PHONE _____ WORK PHONE _____

EMAIL _____ FAX _____

PARENT INFORMATION

Father's Name _____ Mother's Name _____

Father's Occupation / Employer _____ Phone _____

Mother's Occupation / Employer _____ Phone _____

In An Emergency, Please Contact _____ Phone _____

(Other than Parents)

Physician's Name _____ Phone _____

Do you have any medical problems? If yes, please explain:

Are you currently on any medications? If yes, please list:

Are you allergic to any medications? If yes, please list:

Is anyone else authorized to pick your children up after class? If yes, please list names:

Medical Release: *I hereby give my permission to the American Martial Arts Academy to have myself or my child treated in the case of an emergency:*

Signature: _____ Date: _____

What are the main reasons you are interested in learning Karate?

How did you hear about us? **NEWSPAPER THEATER RADIO PHONE BOOK WEB**
Referred by a Friend? **Who?** _____