

# ENROLLMENT APPLICATION

## SHOTOKAN KARATE SCHOOL (DOJO)

Today's Date:      /      /            Karate     After-School Karate     Summer Camp     Iaido/Kendo  
MM DD YY

1. Student Name (First, Last): \_\_\_\_\_ Age: \_\_\_\_\_ DOB:      /      /       
MM DD YYYY  
2. Student Name (First, Last): \_\_\_\_\_ Age: \_\_\_\_\_ DOB:      /      /       
3. Student Name (First, Last): \_\_\_\_\_ Age: \_\_\_\_\_ DOB:      /      /     

Address: \_\_\_\_\_  
Street City Zip

Home phone#: \_\_\_\_\_ Cell Phone 1: \_\_\_\_\_ Cell phone2: \_\_\_\_\_

Work phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Parent/Legal Guardian's Name (First, Last) (If student is under the age of 18) Relationship (to Student)

Parent/Legal Guardian's Name (First, Last) Relationship (to Student)

Emergency Contact Name & Relationship (to student): \_\_\_\_\_

Emergency Contact Home Phone #: \_\_\_\_\_ Cell/Work Phone#: \_\_\_\_\_

### AUTHORIZED PERSON(S) TO PICK-UP STUDENTS:

Name (First, Last) Relationship (to Student)

ASKP Only

Name of School (s): \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Have any of the students had previous martial arts training?  YES  NO (If Yes, please complete below)

Student Name (First, Last): \_\_\_\_\_ Name of School: \_\_\_\_\_

Name of Instructor(s): \_\_\_\_\_ Location: \_\_\_\_\_

Style: \_\_\_\_\_ Length of training: \_\_\_\_\_

Last rank (belt color) awarded: \_\_\_\_\_ End date: \_\_\_\_\_

**Medical Information** (NOTE: ALL OF THE INFORMATION IN THIS SECTION WILL BE TREATED STRICTLY CONFIDENTIAL, AND WILL BE USED ONLY IN THE CASE OF AN EMERGENCY)

Are you allergic to any medications or drugs?  YES  NO if yes, please explain: \_\_\_\_\_

Do you have any medical/physical conditions that an emergency medical technician or medical worker should know about (for example, recent surgery, diabetes, contact lenses, etc.)?  YES  NO If yes, please explain: \_\_\_\_\_

Please list Medication(s) & Dose that you are taking: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Monthly Tuition \$ \_\_\_\_\_ Registration Fee \$ 45.00 Total paid \$ \_\_\_\_\_

**Adult & Minor Athletic Waiver, Informed Risk Agreement and Release of Liability**

In consideration of being allowed to participate in any way in the **SHOTOKAN KARATE DO DOJO of KILLEEN, TEXAS** (all of which are hereinafter referred to as SKDD or releasees), athletics/sports program, and related events and activities including but not limited to: such as seminars, clinics, camps, tournaments, and or any other special event, the **UNDERSIGNED:**

1. Agrees that prior to participating, they (if under 18, Parent or Guardian), will inspect the facilities and equipment to be used, and if the student and/or Parent or Guardian, believes anything is unsafe, they will immediately advise their instructor, or assistant instructor or staff member or other responsible adult immediately of such condition(s) and refuse to participate.
2. Risks of injury exist, both serious and or minor, despite safety precautions, associated with participation in any martial arts training. The risks are increased with any activity involving physical contact, jumping or otherwise leaving one's feet, diving, sliding, or from moving objects that are thrown or used in martial arts training. The causes of possible injury are many, but among them are; injury from bodily contact, incidental to or inherent in the nature of the activity; slipping, falling, or tripping on the playing surface, regardless of its physical or environmental conditions; injury from warming up, practicing, or training for martial arts; injury due to supervision by SKDD instructors, assistant instructors, employees or agents or student volunteers, paid or unpaid, including referees or officials, or to rules, regulations, and instructions (or lack thereof) regarding the use of equipment or tools or to the nature of the activity itself, particularly for martial arts activities; or injury due to a disparity between and among other participants with respect to experience level, strength, height, weight, age, ability, and the relative activities or maturity of, between, or among other participants. The risks include, but are not limited to: injuries to the head, neck or spine (such as: bumps, bruises, cramps, scrapes, scratches, soreness, sprains, strains, twists, fractures, broken bones, torn ligaments, and injuries of similar magnitude including paralysis); to the muscular or skeletal systems; to internal or external organs; loss or damage to sight, hearing or teeth; death; long and or short-term disability; loss of income, emotional/psychological damage, career opportunities, or the enjoyment of life; pain; and scaring and or disfigurement though this is certainly not expected at SKDD.
3. Acknowledge and fully understand that each student will be engaging in activities that, despite safety precautions, involve risk of minor injury, serious injury, including permanent disability and death, emotional/psychological damage, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used though this is certainly not expected in this martial arts program. Further, that there may be other risks not known to the SKDD, or not reasonably foreseeable at this time. Assume all the foregoing risks and accept personal responsibility for the damages following such minor and or serious injury or injuries, permanent disability or death unless by clear and convincing evidence the releasees acted with malice, willful gross negligence, or intentionally caused in criminal conduct.
4. Acknowledge and fully understand that whenever possible I should avoid physical confrontation and that in the event of a hostile or life-threatening encounter, I should remove myself from the dangerous situation or use only the minimum force necessary to neutralize the threat. I understand that in the event of eminent danger, I should use "reasonable force", and that if I am uncertain what constitutes "reasonable force" and "excessive force" that I should contact my local law enforcement agency, since laws vary in each state and jurisdiction. I also understand that the skills, methods, and exercises to be taught are to be used at my own risk, that the SKDD assumes no responsibility for my actions should I attempt to use these skills, methods, and exercises.
5. **Release, waive, discharge and covenant not to sue** The SKDD or its: instructors, assistant instructors, staff, volunteers, officers, affiliated clubs, regional sports organizations, their respective administrators, directors, agents, coaches, assistant coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the athletics/sports program (or related activities, events, and or special events), all of which are hereinafter referred to as "releasees" from any and all liability to the fullest extent allowed by the law to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of minor and or serious injury or injuries including death or damage to property which may arise from traveling to, participating in, returning from training, seminars, tournaments, or other special events or which might arise thereafter, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise UNLESS by clear and convincing evidence the RELEASEES acted with malice, willful gross negligence, OR intentionally caused in criminal conduct and then only the criminal shall be the subject of such a suit.
6. **SPORTSMANSHIP PLEDGE.** I understand that the INSTRUCTORS of SKDD may withdraw/suspend/disqualify me (or my child or children) from the program or class (es) if I (or my child or children) am/is/are involved in behavior or activity deemed to be detrimental to the health, safety or welfare of other participants, spectators, staff, or classes; or if involved in actions considered to be detrimental to the goals and objectives of the class.
7. **ARBITRATION CLAUSE.** Should any dispute arise between me, my child, my children or anyone acting on behalf of me, my child/my children, regarding this organization, I specifically agree that the dispute shall be resolved in binding arbitration. Should a suit be filed in Court, I specifically authorize the Court to order the case to binding arbitration.
8. **SEVERABILITY.** If any clause, sentence, phrase or statement is found unenforceable or invalid by any Court of Law, the remainder of the document shall remain valid enforceable and the invalid clause, sentence, phrase or statement shall be considered struck from the document.
9. **DURABILITY.** This document is effective from the date signed with no expiration. Furthermore, the terms of this document are retroactive to the beginning of training and visiting this school if this document was signed after that date.

I (if under 18, Parent or Guardian), **CERTIFY that I** (if under 18, Parent or Guardian), **am of sound mind and body** (not under the influence of mind-altering drugs or alcohol), that I (if under 18, Parent or Guardian), am legally competent, and capable of executing this Agreement, **acknowledge that I** (if under 18, Parent or Guardian), **am voluntarily participating in the SKDD ATHLETIC/SPORTS PROGRAM. I have read and understood the contents of the above Informed Risk Agreement, Waiver and Release of Liability**, explained the importance of following all instructions and rules given to me/my child/my children, and the consequences of failure to comply or follow instructions and or rules. I (if under 18, Parent or Guardian), have received and read a copy of the Advisory of Rights and Responsibilities, Notice of Physical Contact, and Dojo Rules. I (if under 18, Parent or Guardian), voluntarily agree to abide by the terms of this Informed Risk Agreement, Waiver & Release of Liability, and to **voluntarily participate knowing all the risks and conditions involved and do so entirely on my own free will. I understand that I voluntarily give up substantial legal rights by signing below, and knowing this, have made a conscious decision to sign it of my own free will.**

Student Signature	Student's Printed Name	Date	
For minor students: Student(s) Printed Name(s) and Age(s)		Parent Signature	Date