



**JIKC KARATE
REGISTRATION FORM**

NAME OF PARTICIPANT: _____ DATE OF BIRTH: _____

(please print)

CONTACT INFORMATION (for a child, where a parent or guardian may be reached during the day):

PHONE: _____ EMAIL: _____

ADDRESS: _____

EMERGENCY CONTACT INFORMATION: _____ PHONE: _____

OPTIONAL INFORMATION:

Has the participant named above previously participated in any structured karate training?

If yes, what style?

for how long?

belt or rank attained?

Does the participant named above have any personal injuries or disabilities that could affect his/her training?

Has a YMCA/JIKC Karate Waiver been received by the YMCA or instructor? _____

If the participant named above is a child, a parent or legal guardian must sign below:

_____ has my (our) permission to participate

(Name)

in the JIKC program of karate at the Tuscaloosa YMCA Family Center.

Signature of Consenting Adult(s)

Date