

Student Information

Name(s) _____ Birth Date(s) _____

Address _____ E-Mail(s) _____

City _____ State _____ Zip Code _____

Other Address? _____

Home Number _____

Name and Cell Phone Number(s) _____

Parent or Guardian's names (for minor students) _____

In Case of Emergency? Name and # _____

Do we have your permission to treat your child in and emergency? _____

Learning Objectives (circle those that apply) Fitness Self-Defense Confidence Focus

Stress Reduction Self-Discipline Weight Control Other: _____

How did you hear about Task Karate?

Karate and Kickboxing are physical in nature, and there is a risk of physical injury, minor or catastrophic. The student is voluntarily participating in the programs provided, and hereby fully releases TASK Karate and its associates from any and all claims for injuries, damage or loss which may accrue on account of participation in these programs.

Signature _____ Date _____

Quick Survey

Belt Size? _____ Uniform Size? _____

Any questions or concerns?

Anything that I can do to make our school better?

What is the main thing you would like to get out of your training?

What do you like about our school, what are you or your child getting out of it?

Anything else?

Thank you!