



**ENROLLMENT APPLICATION**

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*(Fill in all information and check all areas as needed, date and sign)*

**STUDENT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**HOME PHONE NUMBER:** \_\_\_\_\_

**PARENT or GUARDIAN NAME:** \_\_\_\_\_

**ADDRESS (If different from above):** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**SIGNATURE:** *(PARENT or GUARDIAN if student is under 18 years of age):*

\_\_\_\_\_

**PROGRAM DESIRED:** Introductory: \_\_\_ Karate: \_\_\_ Black Belt Club: \_\_\_

**PREFERRED PAYMENT PLAN:** Monthly: \_\_\_ 3 Mos. \_\_\_ 6 Mos. \_\_\_ 1 Yr. \_\_\_

**METHOD OF PAYMENT:** Cash \_\_\_ Check \_\_\_ *(Cash or Check must be paid in advance.)*

*(Credit Card number(s) are not needed until sign up)*

**Visa card #:** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_

**Master card #:** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_

**NAME ON CARD:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**1. HOW DID YOU HEAR OF OUR STUDIO?** \_\_\_\_\_

\_\_\_\_\_

**2. HAVE YOU HAD ANY OTHER KARATE or MARTIAL ARTS TRAINING?**

*(List rank(s), style(s), and duration of training if any):*

\_\_\_\_\_

\_\_\_\_\_

**3. WHY WOULD YOU LIKE TO LEARN KARATE?**

\_\_\_\_\_

\_\_\_\_\_

**4. ARE YOU IN GOOD HEALTH WITH NO PHYSICAL PROBLEMS?**

\_\_\_\_\_

\_\_\_\_\_