



Crouching Tiger Karate Registration Form

Child's Information

Please Fill in CAPITAL LETTERS

Full Name:

Date of Birth

Dojo and class time:

School and Year group:

Has your child, at any time, suffered from any of the following? Please tick

- | | | |
|--|---|---|
| <input type="checkbox"/> High Blood pressure | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Muscle Injuries | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Major Operations | <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Bone/Joint Injuries | <input type="checkbox"/> Diabetes | <input type="checkbox"/> On Medication Now? Please specify) |

Does your child have any other medical/physical problem which you think might interfere with his/her participation in this training programme which we should be aware of? If so, please give details in the space below

Parent/Guardian Information

Full Name:

Address:

Post Code:

Email Address:

Tel:

Mobile:

EMERGENCY CONTACT DETAILS:

Name:

Phone Number:

I agree to pay the tuition fee in advance, at the beginning of each school term.

I agree to give half a term's written notice should I wish my child to discontinue with Crouching Tiger Karate tuition.

I understand that whilst taking every reasonable precaution, the instructor cannot be held responsible for any injuries sustained to my child during Karate training.

Signature of Parent:

Date:

Please make all cheques payable to: Crouching Tiger Karate