

Family Name:		First Name:	
Address:			
City:	Province:	Postal Code:	
Telephone (Home):		Telephone (Mobile):	
Email:		Add to E-Mail Mailing List <input type="checkbox"/>	
Date of Birth:		Occupation:	
Previous Karate Experience:			
Other Physical Activities:			
General Health / Concerns/ Conditions:			

Signature:	Date:
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For Youth/Children under 18 years – Father/Mother/Legal Guardian

For Office Use

Trial Fee \$ _____

Training Fee \$ _____

Special \$ _____

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