



KARATE REGISTRATION FORM

Child's Name: _____ **Age:** _____

Parent's Name: _____ **Phone:** _____

Email: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

I the parent of _____ give permission to participate in the Karate Class. I understand that Classes are held at the Facility of KICKSTART KARATE. I totally understand that this form is a Pre-registration for the special Karate Class. KickStart Karate management will be in contact with me. I, hereby declare that my child is physically able to participate in this program.

Parent's Signature _____ Date: _____