



LEARN SKILLS GAIN CONFIDENCE

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Integrity
Concentration
Perseverance
Respect & Obedience
Self-Control
Humility
Indomitable Spirit

Monthly Registration

Tuesday & Thursdays

6:30pm-7:30pm

\$60 MEMBERS/ \$80 NON-MEMBERS

KARATE

Child's Name: _____

D.O.B. _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

PARENT INFORMATION

Parent/Guardian Name: _____

Phone # (Home): _____

Email: _____

Emergency Contact

Phone # (Home): _____ Cell: _____

Email: _____

Authorized Pick-up List:

Contact Name: _____

Phone # (Home): _____

Please provide any other information that you feel may put us in a better position to understand your child's needs. (Allergies, moodiness, homesickness, anxiety, likes/dislikes, etc.) Please tell us about your child.
