

AMERICAN KANG DUK WON KARATE

MEMBERSHIP FORM

DO NOT WRITE IN THIS SPACE: INSTRUCTOR'S USE ONLY

DOJANG _____

INSTRUCTOR _____

Amount Paid _____ Cash / Check

Received By _____ Date _____

Instructions: PLEASE PRINT

Last Name _____ First _____ Middle Initial _____

Dojang _____ Date _____

Date of Birth _____ Age _____ Height _____ Weight _____ Sex _____

Phone _____ Cell Phone (for emergency use) _____

E-Mail address (will not be shared) _____

Place of Employment _____

Occupation _____ Work Phone _____

Mailing Address _____

Address City State Zip

(College students only) Permanent Residence _____

Address City State Zip

Hobbies _____ Special Skills _____

Previous training in Martial Arts (State style, time, instructor, belt rank) _____

Objective of Karate Training (check one or more)

Self-Defense _____ Physical Conditioning _____ Sport _____ Character Development _____ Other _____

I hereby apply for membership in AMERICAN KANG DUK WON KARATE in consideration of which, I make the following statements and pledges:

1. I have the following physical limitations or defects which should be considered: (List on reverse side)
2. I understand that AMERICAN KANG DUK WON KARATE assumes no responsibility for further aggravation of existing illnesses or defects suffered as a result of training given by the school. I further assume full responsibility for any injuries or damage which may occur to me in, on, or about the premises of the Training Area and fully and forever release and hold harmless, AMERICAN KANG DUK WON KARATE, and its personnel, liabilities for such injuries.
3. I further state that I am a law-abiding citizen and have never been convicted of a felony, and that I have never been arrested or tried for felonious assault or battery, except where indicated on reverse side.
4. I understand that application for acceptance and membership in AMERICAN KANG DUK WON KARATE constitutes automatic acceptance of school discipline and full subscription to its rules and regulations.
5. I pledge to treat my fellow school members with dignity and respect at all times, and that I will never act in such a manner as to bring injury or harm to their persons through negligence and carelessness.

Signature of Member _____ Date _____ Parent (if under 18 yrs.) _____

Students Testing only, MUST complete this information:

Date You Joined _____ Date You Will Be Testing _____ Belt Testing For _____

Date of Your Last Test _____ Your Instructor _____ Your Dojang _____

Date of Last Camp Attended _____ Date of Last Tournament Attended _____