



ADEL'S INTERNATIONAL KARATE CENTER



Date: _____ Referred By: _____

Parents Names (If Under 18): _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Emergency Contact

Name _____ Relationship: _____

Phone: _____ Dr.s Name: _____

Medical Concerns : _____

This contract may not be modified or amended verbally or otherwise and its terms and language supersede all other agreements made between the buyer and Adel's International Karate Center (aka AIKC) and/or any persons claiming to represent AIKC I understand that Martial Arts is a physical contact sport, and that injury, up to and including death or permanent disfigurement, may occur as a result of my participation. My Signature below indicates I understand the risks associated with Martial Arts and enter into this contract willingly. I hereby release AIKC and any and all of its representatives and/or students from any liability, regardless of negligence, that may occur as a result of my training.

Student signature _____
(Parents signature if student is under 18)

Date: ____/____/____