

**PHOTO
IS
REQUIRED**

STUDENT INFORMATION & DISCLAIMER FORM

PLEASE PRINT LETTERS CLEARLY – DO NOT SCRIPT

Joining Date: / /

Student Name _____

Address _____

Mobile _____ - _____ Email _____

Date of Birth: ___/___/___ Sex: Male Female Nationality _____

Name of Elementary/High School _____

EMERGENCY

Who do we contact in case of emergency (Name) _____

Mobile _____ - _____

EXERCISE & MEDICAL DATA

Do you have any serious medical condition? Yes No

Are you taking any medication? Yes No

Any allergies, diabetes, asthma, heart condition, or any medical condition? Yes No

Other Medical Conditions: _____

DISCLAIMER

The undersigned student, guardian or parent assumes the risks of participating in this type of activity and acknowledges that their child or they are fit and/or have a regular physician they can contact regarding any medical problems that they might develop. The undersigned expressly waives, releases, discharges and agrees not to make the owners of JMAC, karate instructor, JKA, JKA Bahrain, Japan Martial Arts Center, or the facility liable for death, disability, personal injury or action of any kind for participating and/or training in said sporting/karate activity.

Signature _____

Date ___/___/___

REFERRED BY – CHECK ONE

Website Facebook Flyer Website SMS Magazine Newspaper

School Name: _____ Person Name: _____