



Membership Application

Please fill out as complete as possible:

Student Name _____ Date of Birth _____

Address (street) _____ Apt. # _____

City _____ State _____ Zip _____ Phone _____

Email: _____

Mother's Name _____ Phone (if different) _____

Mother's Address (if different) _____

City _____ State _____ Zip _____

Father's Name _____ Phone (if different) _____

Father's Address (if different) _____

City _____ State _____ Zip _____

Other important emails: _____

How did you hear about us: _____ ?

What specific benefits are you looking to gain from our Program?

() Confidence () Self Defense () Physical Fitness () Self Control

() Self Discipline () Self – Esteem

Special needs? _____

Allergies (list) _____

I understand and agree that C.D. Williamson Karate & Kickboxing, Inc. will not be held liable for any injuries, damages, etc. **NOT** caused by or resulting from the negligence of the owners, operators, or persons in charge of such establishment, or their agents, servants, or employees. Also, I have been given a current classes schedule with class times. I understand, I must arrive 10 minutes before class starts and pick up within 10 minutes of class finishing. I understand that C.D Williamson Karate & Kickboxing, Inc. has my permission to have myself or my child's his/her photograph posted on CD Williamson Karate's social media, web pages and promotional advertising. If no, initial here _____.

Signature

Date