

# Bellevue Karate Kids

Academy of Koei-Kan Karate-Do:  
1910 132nd Ave NE, Bellevue WA 98005  
School Year 2011-2012

## CLASS SIGN-UP SCHOOL YEAR 2011-2012

STUDENT NAME \_\_\_\_\_ Start Date \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_

Emergency Contact/Phone \_\_\_\_\_

Class/Level	Day/Time	Length

Open Floor/Private lessons	Day/Time	Length

Class Assistant	Day/Time	Advisor

The Parent or Legal Guardian, by signing here, acknowledges that their child is training in karate at their own risk and agrees to hold Bellevue Karate Kids/Academy of Koei-Kan Karate-Do, Inc., it's instructors and or assignees harmless in the event of any physical injury to student or loss of personal property. In the event of medical emergency every effort will be made to immediately reach Parent: If unable to make contact, Parent's signature here authorizes Bellevue Karate Kids to call 911.

Karate is a strenuous activity from which injuries could arise. Each student may decline to participate in any activity. Please inform instructor of any physical limitations your child may have. If you are in doubt as to your child's physical abilities, please consult your physician before participating. Bellevue Karate Kids cannot dispense any medication. Signer is aware that the school may take photos/videos of students for the purpose of promoting the school, recording special group activities, examinations, documenting progress or recording techniques. Signer acknowledges they have been provided access to the Schools Tuition/Dress Code/Examination policy for 2011-2012 school year program and agrees to the terms and conditions set forth.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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