

Genova Family Karate of Lexington, L.L.C.

Student's Name _____ Phone # _____

Address _____ City _____ State _____ Zip Code _____

Date of Birth _____ Age _____ Sex: M / F Work # _____

Email Address: _____ Cell # _____

How Did You Hear About Us?

Complete the following if student is less than 18 years old:

Mom's Name _____ Dad's Name _____

Mom's Cell # _____ Dad's Cell # _____

Mom's Work # _____ Ext. _____ Dad's Work # _____ Ext _____

Mom's Email _____ Dad's Email _____

I wish to be contacted by: Email Mail Phone (Mark all that apply)

Student's Medical Information :

Allergies(drugs, food, etc.).....Yes___ No___ Seizures or Convulsions..... Yes___ No___

Serious Injury (fractures or broken bones) Yes___ No___ Mental Disorders..... Yes___ No___

Birth Deformities (short leg, arm, etc.).....Yes___ No___ Contacts or Glasses..... Yes___ No___

Known Past Illness of More Than One Week's DurationYes___ No___

If you answered **yes** to any of the above questions, Please Explain.

Doctor's Name _____ Telephone # _____

Name of Insurance Company _____ Policy # _____

In the events of an emergency we will always try to contact parent or guardian first, if we are unable to reach you please give us the name and phone number of the person you would want us to contact.

Name _____ Phone # _____

Privacy Policy:

Genova Family Karate cares about your privacy. Any and all information gathered by Genova Family Karate of Lexington will be used for the sole purpose of enrolling for Karate instruction. Genova Family Karate of Lexington will not share, rent, or sell your information with any third party companies. Genova Family Karate of Lexington will safe guard your information. We reserve the right to contact you via email, phone, and U.S. postal services. If you wish to not be contacted please let our office staff know.

By signing below you are stating that you have read and understand the privacy policy.

Sign:

Date:

(Continue to Reverse)

Release of Liability and Assumption of Risk

In consideration of the opportunity afforded to me to participate in Karate instruction classes, in connection with my enrollment as a student in *Genova Family Karate and Genova Family Karate of Lexington*, and in recognition of a possible danger to which I may voluntarily subject myself in connection with such participation, I hereby knowingly, freely, and voluntarily waive right of cause of action of any kind whatsoever arising as the result of such activity from which any liability may or could accrue to *Genova Family Karate of Lexington*, it's officers, agents, or employees and instructors. I hereby accept these risks.

(_____ Initials)

This release shall be binding upon the distributees, heirs, next of kin, executor, and administration of each the undersigned. In signing the foregoing release, the undersigned hereby acknowledges and represents that he/she has read the foregoing release, understands it, and signs it voluntarily. In witness where of, I have here unto set my hands and seal this _____ day of _____, 20_____.

Signature or (Parent or Guardian if under the age of 18) _____

For office use only:

_____ Classes	_____ Birthday
_____ Uniform Size	_____ Card
_____ Email	_____ Address
_____ Picture	_____ Computer # & File w/label
_____ Billing type	_____ Date
_____ Amount	