



修道館

**Wado-kai Shudokan Karate, Inc.**

325 Main St., Longmont, CO 80501

Phone: 303-651-7156 [www.shudokankarate.org](http://www.shudokankarate.org)

## Application for Enrollment Form

Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First M. I.

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

If Minor, Name of Parent or Guardian \_\_\_\_\_

If Student, Name of School \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you had any previous Martial Arts instruction? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Do you have any physical injuries or limitations that hinder you from the full participation of the said class? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

How did you learn about our school? \_\_\_\_\_

### **The undersigned clearly understands and agrees to the following:**

1. In consideration of permission granted to me to participate in the said class, the undersigned hereby fully waives and release Wado-kai Shudokan Karate, Inc., head instructor Hiroyuki Tanabe, class instructors, their agents, employees, administrators and directors from all debts, claims, demands, damages, actions and causes of action and any and all liability which may arise as a result of my enrollment or participation in such class.
2. By signing this release of liability, the undersigned hereby acknowledges and warrants that this class may present certain dangers or risks and the undersigned agrees to assume all risks and personal injury or death which may result from the participation in it.
3. That in the event of voluntary or requested dismissal, the latter as a result of violation of school rules and/or misconduct, no refund in full or in part of tuition will be made.
4. I further state that I am in good health and physical condition so that I may participate in the said class.
5. That this release of liability has been read carefully in its entirety and is fully understood and known to be a full waiver and release of liability as stated above and that this release was signed voluntarily and without reliance upon any statement from Wado-kai Shudokan Karate, Inc., or its agents, employees or class instructor. I further warrant that I am over 18 years of age as of the date stated below.

Applicant's Signature:

Agreed \_\_\_\_\_ Date \_\_\_\_\_

If applicant is minor, parent or guardian's signature is required:

Agreed \_\_\_\_\_ Date \_\_\_\_\_