

CASA DE KARATE SPECIALTY CLASS REGISTRATION FORM

Last Name: _____ First Name: _____ M.I. _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Profession _____

Age: _____ DOB: _____ Email Address: _____

PARENT OR GUARDIAN

Last Name: _____ First Name: _____ M.I. _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Profession _____ Email Address: _____

EMERGENCY CONTACT

Name: _____ Relationship _____

Phone (Home): _____ Phone (Work) _____

MEDICAL INFORMATION

Doctor: _____ Phone: _____ Address: _____

Allergies: _____

Medications: _____

Insurance: _____

How did you find out about Casa De Karate'? (Check all that apply)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other programs |
| <input type="checkbox"/> Web site | <input type="checkbox"/> Diamond Gym |
| <input type="checkbox"/> Yellow pages | <input type="checkbox"/> Ward of mouth |
| <input type="checkbox"/> Television | <input type="checkbox"/> Other |

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor ever said you have heart trouble? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you frequently have pains in your heart or chest? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you often feel faint or have spells of dizziness? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has a doctor ever said that your blood pressure was high? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? |

If you answered yes to one or more questions, please consult with your personal physician by telephone in person before beginning class since the class is a very physical high intensity form of exercise.

In signing this form, I, myself, and my heirs waive and release any and all rights and claims for personal damage I may have against Casa De Karate and Diamond Gym. I hereby certify that I am physically fit, and all of the information given is accurate to the best of my knowledge.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Parent/guardian signature if under 18)