

# New Student Information

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Parents Names (for Children) \_\_\_\_\_

**Learning Objectives** (circle those that apply) Fitness Self-Defense Confidence Focus

Stress Reduction Self-Discipline Weight Control Other: \_\_\_\_\_

**How did you hear Task Karate?** \_\_\_\_\_

Karate and Kickboxing are physical in nature, and there is a risk of physical injury, minor or catastrophic. The student is voluntarily participating in the programs provided, and hereby fully releases TASK Karate and its associates from any and all claims for injuries, damage or loss which may accrue on account of participation in these programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_