

P.A.L KARATE
284 HACKENSACK AVENUE
HACKENSACK, NJ 07601
201-491-9020
WWW.PALKARATE.ORG

DATE: _____

Student Name: _____ **Age:** _____
Address: _____ **City:** _____ **Zip:** _____
Telephone: _____

Emergency Contact: _____ **Relation to Student:** _____
Emergency Telephone: _____

When was the last school physical taken: _____
Any medical problems or conditions? Yes ___ **No** ___
Emotional? Yes ___ **No** ___

I, _____, do hereby give permission for my (son/daughter)
(print name)

_____ to take karate lessons. I understand the inherent risks in
(print name)

karate training and release P.A.L, PAL staff, Sensei Barr and his instructors from any responsibility for any injuries caused while training or traveling to and from the gym.

I fully disclose that my son/daughter does not have any medical or emotional problems other than those listed above.

Annual registration fee: \$25.00 _____
3 month session: \$45.00 _____
Total: _____

Print name: _____
Signature: _____
Date: _____