

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, P.A.L. staff, Soke 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: \$60.00 _____

Total: _____

Print name: _____

Signature: _____

Date: _____