

PAL KARATE SIGN UP

284 Hackensack Avenue
Hackensack, NJ 07601
Phone (201) 342-5900
Fax (201) 342-5901

Participant: _____ Age: _____ DOB: _____

Address: _____

Emergency Contact (1): _____ Phone Number: _____

Relationship to Participant: _____

Emergency Contact (2): _____ Phone Number: _____

Relationship to Participant: _____

Date of last physical: _____

Does the child have any preexisting medical/emotional conditions?

YES _____ NO _____ (if answered yes, medical clearance is required)

Fees:

Annual Registration Fee: \$25

Monthly Fee: \$20 paid on a quarterly basis

Participant's Signature: _____ Date: _____

Parent/Guardian's Signature (If under age 18): _____ Date: _____