**SHOBUKAN EAST JUJUTSU & KARATE ACADEMIES** **ACAD. # na/_____(office use)**

DATE: _____ DOJO _____ DUES_____

NAME _____BIRTH DATE____/____/____

STREET_____CITY_____

STATE_____ZIP CODE_____

PHONE # HOME: _____ WORK _____ EMERGENCY_____

E-mail: _____ cell# _____

PARENTS OR GUARDIAN NAME: _____

PRIOR MARTIAL ARTS TRAINING? YES___NO___ STYLE: _____

WHEN: _____WHERE: _____ HOW LONG: _____

ANY MEDICAL PROBLEMS? _____

PHOTOS MAY/MAY NOT BE USED (circle one)

HOW DID YOU HEAR ABOUT OUR SCHOOL? _____

WHAT IS YOUR GOAL IN THE STUDY OF KARATE AND/OR JUDO/JUJUTSU?

_____

_____

_____

**WAIVER AND RELEASE OF LIABILITY**

It is hereby understood and acknowledged that participation in martial arts activities, such as those advocated by the Shobukan East Jujutsu & Karate Academies as instructed by Mr. Allen Majane, involves a certain amount of physical activity and contact which could forseeably result in some form of injury. The instructors of this martial arts discipline are professionals in their field and will take all possible precautions to assure that injuries will not result. However, the instructors cannot guarantee that result. It is therefore necessary that the undersigned fully understands and acknowledges that possibility of injury still exists. Therefore, in consideration for instruction and participation in the martial arts discipline as presented by Allen Majane, and/or his agents, the undersigned hereby waives any claims he or she may assert and releases any and all claims for damage resulting from injuries received during or resulting from participation in these activities. It is the intention of the parties to this agreement that all liabilities for injuries resulting from participation in the above-mentioned activities are hereby waived against Mr. Allen Majane, his agents, employees and instructors.

Signature of Participant/Student: _____

Signature of Parent/Guardian of Minor _____