



Okinawan Temple

200 Pleasant View Ave.

Smithfield, RI 02917

233-0334 / 965-3044

Enrollment Application

Name: _____ ***Date:*** _____

Address: _____ ***D.O.B.*** _____

City, State, Zip Code: _____ ***Phone #*** _____

Cell Phone# _____

Previous Martial Arts Training (Yes) (No)

Name of Previous School or Style: _____

Instructor's Name & Rank: _____

What was your Rank? _____

Have you any injuries, disability, medical condition, handicap or recent operation which would inhibit or limit some or any training here? (Yes) (No)

If so,

Explain: _____

I fully understand that I must follow and obey all rules, customs and etiquette when attending and participating in karate classes at the Okinawan Temple Karate Studio.

I, the undersigned, release the Okinawan Temple Karate Studio, Sensei Al Gagne and any and all persons associated with this Karate School, in any capacity, from any liability due to injuries, etc. That I may incur as a result of my attendance and/or participation. I clearly understand that the sparring aspect of this sport involves bodily contact. I have read and understand and agree to abide by the rules and any associated liability for infringement of such rules. Additionally, I am fully aware of my personal medical condition and I am mentally and physically fit to participate in this Karate training program.

Signature: _____ ***Date:*** _____

Signature of Parent or Legal Guardian assuming Responsibility if Student is under Age 18.

E-mail Address: _____

Friend us on Facebook at: Okinawan Temple Karate and receive updates and news.

Visit our web site: www.okinawantemple.com