

NEW SANUCES APPLICATION

After School Care, Karate & Summer Fun Programs

Karate Class
Only

After-School Care
Karate

Spring / Winter
Summer Fun Camp

Student's Name: _____ Date: _____

Start Trial Date: _____ End Trial Date: _____

Monthly Pay Date: _____ Weekly or Monthly Pay Rate: _____

Student's Age: _____ Date of Birth: _____

Address: _____ Phone: _____

Cell Phone: _____ Emergency Phone: _____

E-MAIL Address: _____

School Attending: _____ Teacher's Name: _____

Classroom #: _____ Karate Bus #: _____

Please list any medical conditions that may affect your child while participating in this extra curricular activity. For Example: Asthma

Parent / Guardian Name: _____

Occupation: _____

In consideration of being accepted, I agree to abide by the conditions and by laws of this organization. All the applicable rules and regulations of Sanuces Self Defense, Inc. I assume all risks for any and all injuries sustained and hold harmless this organization, its officers, directors and its members from any liabilities.

Authorized to Pick - up: _____, _____,

_____, _____, _____

Parent / Guardian Signature: _____