



## Member Registration Form

Member's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

If under 18, Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Program  Kenpo Karate  Little Ninja's  Kickboxing  Jr Kickboxing  Wrestling  
 Boxing  Jr Boxing  Ladies Cardio Kickboxing  Jiu-Jitsu

MCP \_\_\_\_\_ Expiry \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Athlete's previous Martial Arts training \_\_\_\_\_

Medical Information \_\_\_\_\_

### Family Plan

Someone in my family is joining with me or is already a member.  No  Yes

Name \_\_\_\_\_ Relationship \_\_\_\_\_  Joining  Already a member

Name \_\_\_\_\_ Relationship \_\_\_\_\_  Joining  Already a member

### Emergency Contact #1

Name \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email (if different from above) \_\_\_\_\_

\_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Business Phone Number \_\_\_\_\_

### Emergency Contact #2

Name \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email (if different from above) \_\_\_\_\_

\_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Business Phone Number \_\_\_\_\_