



DAVE CLOUD'S DOJO

51 Graeler Place,
ST LOUIS MO, 63146

How many sessions: _____ starting date _____

I _____ residing at _____ in the city of _____
(Last Name First)

In the state of _____. Home phone _____; e-Mail _____

IN CASE OF EMERGENCY CALL _____ ask for Mr. Mrs. _____

I hereby agree to take a training course at Sensei Dave Cloud's Karate Dojo beginning on _____

At the time of _____ in the Month of _____ 2018.

At all classes, practice sessions, conducted by the school, REASONABLE CARE IS TAKEN TO PREVENT SERIOUS INJURIES AND TO MINIMIZE ACCIDENTS, AND IT IS REQUIRED THAT STUDENTS OBEY THE RULES AND REGULATIONS OF THE SCHOOL.

Any time that kumite or controlled sparring occurs, it is required to wear the proper safety gear for your protection this includes but not limited to Mouth guard, cup for males, protective pads for females, hand, head and foot protection. Recognizing that the strenuous nature of the activities involves risk of injury, I agree to hold the Dojo, the residents, instructors, guests and the members Free and Harmless from any liability or damages. The full amount of the class must be paid for in advance. Testing fees and karate uniforms and new belts are not included in the class prices.

IF you are not going to be at class you must call and advise Sensei Cloud

I HAVE READ AND UNDERSTAND THIS AGREEMENT

Date _____ 2018

Parent or guardian Signature if student is under the age of 18 _____

Student Signature _____