

# The Dojo Paramus, L.L.C.

407 Sette Drive  
Paramus, NJ 07652

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date \_\_\_\_\_ Age Now \_\_\_\_\_

Home Phone (      ) \_\_\_\_\_ Alt. Phone (      ) \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Tel. (      ) \_\_\_\_\_

Name of school or preschool \_\_\_\_\_ Grade \_\_\_\_\_

Parent's learning objectives: \_\_\_\_\_

Has your child ever studied karate before? Y \_\_\_ N \_\_\_

If yes, which style, how long, and rank attained: \_\_\_\_\_

How did you hear about The Dojo Paramus? \_\_\_\_\_

Does your child have any medical conditions? Y \_\_\_\_\_ N \_\_\_\_\_

Please explain: \_\_\_\_\_

List all medications: \_\_\_\_\_

I, \_\_\_\_\_, hereby understand that there is an element of risk in all  
(Parent / Guardian's Name)

physical activities. I hereby agree to hold harmless and otherwise indemnify The Dojo Paramus LLC, its agents, servants and/or representatives from any injuries, including, but not limited to, medical and hospital expenses, that either I or my child may sustain as a result of my or my child's participation in any activity sponsored by The Dojo Paramus LLC.

I hereby certify that by affixing my signature below, I am the registrant, or the legal guardian or parent of the above named registrant, and have read the above notice.

\_\_\_\_\_ will be participating at his / her own risk.  
(Student's Name)

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Date)