



# PEACE HILLS KARATE

## Application For Membership

YOUTH AND ADULT – AGE 8 AND UP

### Applicant's Name

Last	First	Middle
------	-------	--------

Date of Birth ____ MONTH ____ DAY ____ YEAR	Health Care Number (Mandatory)	Age
--	--------------------------------	-----

If under 18  
years of age:

Mother's Full Name

Father's Full Name

### Home Address

Street Address/Box Number	Apartment Number
---------------------------	------------------

City/Town	Province	Postal Code
-----------	----------	-------------

Home Phone Number (____) _____ - _____	Business Phone Number (May we call you at work?) (____) _____ - _____
---	--

Cellular Phone Number (____) _____ - _____	E-Mail Address
---	----------------

List any health or medical conditions or limitations that may cause the applicant discomfort or distress during physical exercise.

Previous martial arts experience.

### Emergency Contact

Last Name	First Name	Relationship to Applicant
-----------	------------	---------------------------

Home Phone Number (____) _____ - _____	Business Phone Number (____) _____ - _____	Cellular Phone Number (____) _____ - _____
---	---	---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_