

**THIS FORM ENTITLES YOU TO 2 FREE LESSONS
AT
JERSEY ISHINRYU KARATE**

Please fill out and bring this Registration Form with you.

Student Name	
Age	
Address	
Home Phone	
Mobile Phone	
Work Phone	
E-Mail Address	
Parent's Name	

STUDENT QUESTIONNAIRE

Do you have any injuries, illness or condition that may affect your performance here?

Yes No If yes please explain: _____

Have you ever had traditional martial arts training in the past? Yes / No

What style? _____

With whom? _____

What grade did you achieve? _____

I give ___ / do not give ___ my permission for my child's photograph to be displayed on

<http://www.jerseyishinryu.com>

Parent or guardian signature _____ Date _____