

shorin-ryu karate

Instructor: Dieter Von der Marwitz
First Dan Black Belt Instructor



空手道
小糸流

enrollment form

Student Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Date of Birth (Month/Day/Year) _____ Age _____

Mother's Name _____ Father's Name _____

Physical Disabilities/Health Problems _____

I hereby apply to become a member of the Shorin-Ryu Karate Club effective from the date below. I agree that the karate fees are payable in advance and I will give one month's notice for my intention to end my membership.

I understand that a refund of any of the club's fees will be in the discretion of the Shorin-Ryu Karate Club.

I understand that although every endeavor will be made to ensure that I do not suffer physical injuries, that neither I or my estate of dependents will have any claim against the Shorin-Ryu Club, and/or Sensei, and/or members for any injuries which I may sustain as a result of my attending the club.

Signature _____ Date _____

Print Name (Parent) _____

I am a Fitness Crossroad: Member Non-member

Fee: \$55/month members
\$60/month non-members