



Renshinkai School of Karate

REGISTRATION FORM

NAME _____
(Last) (First)

ADDRESS _____
(Street, City, Province) (Postal Code)

TELEPHONE (Home) _____ DATE OF BIRTH _____ AGE _____
(Day/Month/Year)

EMAIL ADDRESS: _____

MEDICAL STATUS: Please state any medical conditions that the school needs to be informed of

IN CASE OF EMERGENCY, PLEASE CONTACT

_____ (Full Name) _____ (Telephone No.) _____ (Work)