

# MISSOURI KARATE ASSOCIATION

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Barry Power  
Chief Instructor  
Missouri Karate Association  
1709 Clarkson Road  
Chesterfield, MO 63017

**Re:** *Enrollment Form*

## New Students

It is always a pleasure for us to welcome new students to our dojo to advance the practice of karate.

The following information is required to be completed for each student. This will provide us with information that will allow us to track attendance and simplify ordering uniforms and. Your information will be kept confidential and will not be shared with the public.

In addition, we have attached the AAKF registration form as a separate document. This form establishes the student as a member of the AAKF – a requirement to allow the MKA to officially recognize the advancement of the student and to participate in events such as tournaments and seminars.

At any time, please contact me, Brian or Darrell if you have questions or comments.

Best regards,

*Barry Power*

Sensei



## Student Information

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Referral \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ eMail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Provider \_\_\_\_\_ *(only if you want text msgs)*

Gender:  Male  Female      Height \_\_\_\_\_ Weight \_\_\_\_\_ *(for Gi and belt sizing)*

## Emergency Contact

*(primary)* Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

*(backup)* Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Karate History

Martial Arts Style \_\_\_\_\_

Current Rank \_\_\_\_\_ *(beginner, 9<sup>th</sup>-1<sup>st</sup> kyu or Dan)*      Current Belt Color \_\_\_\_\_

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How did you hear about us?     Flyer     Website     eMail     Friend

I am interested in participating in self-defense classes:     Weekly     Monthly     Quarterly

Please provide me more info concerning:     Little Ninjas     Family Class     Adult Class





## Registration

I, the undersigned, wish to participate in the Missouri Karate Association martial arts program. In consideration of this participation I understand and agree to the following provisions:

1. This activity which I desire to participate in could lead to my injury, disability or death. This could result from the normal participation of the activity, my own action, the action of other participants, or conditions of the activity.
2. The activity is to be performed within the rules; any intentional act to injure another participant or spectator is not condoned, encouraged or permitted by the Missouri Karate Association.
3. Missouri Karate Association reserves all rights to dismiss any students, at any time, for misconduct and/or actions which may convey a bad image.
4. Pictures and videos taken at class or seminars can be used for marketing by the MKA.

I understand and accept the above provisions and agree on behalf of myself, my family, estate and heirs to release, waive and hold harmless the Missouri Karate Association and its successors and assigns or affiliates, other participants, directors, managers, supervisors, from any and all legal claims or liability relating to personal injury or death to me or my property as a result of my participation in the activities associated with this program.

I, the undersigned, have read and agree to the above provisions as a condition of my participation.

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Signature *(Parent or Guardian if under 18)*

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Date

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Printed Name