

485 East Ave, Chico, CA 95926



(530) 898 – 6753

APPLICATION FOR MEMBERSHIP

Student(s) Name:	Date of Birth:
Parent(s) Name:	Phone Number:
Email(s):	Home Address:
Previous Martial Arts Experience:	School Year (Track):
Family Doctor:	Contact Number:
Special Medial Problems:	
In Case of Emergency:	Phone Number:
1.	1.
2.	2.

If accepted as a member of CHICO DOJO, I agree to uphold the dignity and high standards of the dojo. I will maintain control of myself and will strive to use the skills I possess for the benefit of others. I understand that attending in, practicing for, traveling to and from any activity sponsored by CHICO DOJO, is at my own risk. I understand that while participating in classes at CHICO DOJO, I agree to hold CHICO DOJO and all instructors harmless from and against any and all liability for any injury, which may be suffered arising out of or in any way connected with participation in this activity.

Student's Signature

Parent's Signature (if minor)

Date

How did you hear about us?