



New Adult Student APPLICATION

Chico Dojo
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Ph. (530) 898-9753

For Office Use Only

Received by: _____
Payment Type: _____
Belt size: _____
Gi size: _____
Membership Type: _____

APPLICATION FOR MEMBERSHIP

New Adult Student

Student's Full Name: _____

DOB: _____

Phone: _____

Email: _____

Address: _____

City: _____

State: _____

Mailing Address: _____

City: _____

State: _____

Previous Martial Arts Experience: _____

Physician: _____

Phone: _____

Medical Problems: _____

Allergies: _____

In Case of Emergency: _____

Phone: _____

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, and traveling to and from any activity sponsored by Chico Dojo, that 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 with participation in activities.

Student's signature: _____

Date: _____

Parent/Guardian signature: _____

Date: _____

How did you hear about us? _____

