



New Minor Student APPLICATION

Chico Dojo
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For Office Use Only

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

MINOR STUDENT

APPLICATION FOR MEMBERSHIP

Student's Full Name: _____

DOB: _____

Parent(s) Name: _____ Phone: _____

Address: _____

City: _____ State: _____

Mailing Address: _____

City: _____ State: _____

Email: _____

Previous Martial Arts
Experience: _____

Family Physician: _____ Phone: _____

Medical Problems: _____

Allergies: _____

In Case of
Emergency: 1. _____ Phone: 1. _____

2. _____ Phone: 2. _____

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?

