



### Student Information

First Name (Student):	Surname:	Date of Birth:		
<b>Attendance:</b> Please mark when you would like to start.				
TERM 1:	TERM 2:	TERM 3:	TERM 4:	CASUAL:

### Parent Information

Name 1 (Parent / Guardian):
Mobile Number 1:
Name 2 (Parent / Guardian):
Mobile Number 2:
Email:
Reason of getting into KARATE:
Goals you want your kid to achieve:
Injuries or health issues:
How did you hear about Sensei Ricky:

### Terms and conditions:

1. Members are required to uphold the principles of Patience, Respect, Moderation and Etiquette.
2. Fees are to be paid maximum the first week of each term. Payment to be made via transfer to: Ricardo Cabrera. BSB: 062287 Account number: 10569606
3. Make up classes available, booking essential. (2 makes up per term)
4. Karate is an art of self defense. Parents are encouraged to verbally support their child in what is discussed in class. (punching and kicking is not a game)
5. I acknowledge and authorize to use any photography at trainings or special events unless specified otherwise.
6. Little Ninjas program's structure is designed in a way that parent/guardian assistance during class is required when needed.

I accept Terms and Conditions.

Signature \_\_\_\_\_