

**UNIVERSITY KARATE CENTER REGISTRATION**  
(Please Print Legibly)

Today's Date \_\_\_/\_\_\_/\_\_\_ Name of Student \_\_\_\_\_

(If under 18 years of age) Name of Parent \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Age \_\_\_ M\_ F\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ e-mail \_\_\_\_\_

Are you in good health? Yes \_\_\_ No \_\_\_

Referred By (Name of Person / Name of Advertising) \_\_\_\_\_

If no, do you suffer from any illness or disease that could affect your training?

Please describe: \_\_\_\_\_

Have you trained in the Martial Arts before? Yes \_\_\_ No \_\_\_

Which Style? \_\_\_\_\_ Rank Attained \_\_\_\_\_

Name of School Attended \_\_\_\_\_ Name of Instructor \_\_\_\_\_

I am aware of all the inherent dangers of Martial Arts training. I understand and agree that the UNIVERSITY KARATE CENTER and Robert Heale Mason shall not be held liable in any way for any occurrence in connection with Martial Arts training which may result in harm or serious injury to me.

In consideration of being allowed to enroll in this course, I hereby personally assume all risks in connection with said course, including the owner of the facility, but not limited to the persons mentioned, for any harm, injury, or damage which may occur to me while I am enrolled as a student of the UNIVERSITY KARATE CENTER or Robert Heale Mason including all risks connected herewith, whether foreseen or unforeseen, and further to save and hold harmless said program and person from any claim by me, or my family estate, heirs or assigns, arising out of my enrollment and participation in this Martial Arts Course.

I agree not to teach the techniques or principles learned at the UNIVERSITY KARATE CENTER except under the direct supervision of ROBERT HEALE MASON.

I further state that I am of lawful age and legally competent to sign this consent and release, or, if I am a minor, my parent or guardian herein consents to my enrollment in this course and adopts this release in my stead. I also understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act.

I have read the contents of this release before signing it. I have either had a medical examination, or I have assumed my own responsibility to assure myself of physical fitness and the capacity to perform under the normal conditions of a Martial Arts program.

I give permission for the use of my photograph, likeness or video image for any purpose by the UNIVERSITY KARATE CENTER.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Student