



Auth Form ____ Deposit ____ Gi Size ____

NSO Instructor: _____

SARATOGA KARATE

Shihan Patrick Hussey
Saratoga Springs, NY 12866
518-871-1330

(Please print front and back)

Today's Date: _____

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Male: _____ Female: _____ Height: _____ Weight: _____

Occupation: _____ Employer: _____

Student -- School: _____ Grade/Year: _____

List any additional Martial Arts training you may have:

Name of School: _____ Style: _____

Address: _____

How long studied: _____ Highest rank you attained: _____

Name of Instructor: _____ Instructor's rank: _____

How did you learn about Saratoga Karate? _____

Do you know any past or present members of Saratoga Karate? Yes: _____ No: _____

Please list their names: _____

State briefly why you would like to study at Saratoga Karate: _____

Continued on back

(Please Print)

Please list any medical conditions or physical limitations you may have: _____

Please list any prescribed medications you may need to take during class (ex. Inhaler): _____

Please read and sign below.

Saratogakarate, LLC dba Tenkara Karate

Release Waiver

The undersigned hereby recognizes and acknowledges that Karate is an inherently dangerous activity which includes high risk and may result in serious injury or death. The undersigned therefore agrees to assume any and all risks associated with this activity. The undersigned further agrees to release the Saratogakarate, LLC; dba: Tenkara Karate Organization, its employees, its agents, its servants, and Shihan Patrick Hussey individually from any and all claims arising out to their negligence and the negligence of others. The undersigned further agrees to DEFEND, INDEMNIFY, and SAVE HARMLESS Saratogakarate, LLC, *Tenkara Karate Organization*, its employees, its agents, its servants, and Shihan Patrick Hussey from and against any and all liability arising from injury or death of any persons or of damage to property to the extent occasioned in whole or part by and act or omission of the undersigned.

Signature of Student:

Signature of Parent or Guardian (if under 18 years of age)

Signature of Instructor:

Date of Signatures:

For office use only

Date Paid: _____

Amount Paid: _____

Paid by: Cash _____ Check # _____

Coupon Special: _____

Single Membership: _____

Monthly Payment: _____

Family Membership: _____

Monthly Payment: _____

Next payment will begin: _____

Amount: _____

Authorization Form Received on: _____

Initial: _____