

**Application Form**  
**CHALMERS GOJU-KAI KARATE-DO**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone \_\_\_\_\_

Other phones \_\_\_\_\_

Previous Martial Arts training: \_\_\_\_\_

How Long? \_\_\_\_\_ Rank: \_\_\_\_\_

Physical concerns? \_\_\_\_\_ Describe Briefly: \_\_\_\_\_

\_\_\_\_\_

I understand that there is a risk of personal injury with the practice of any martial art. I waive and release Steven or Shirley Chalmers from any liability or illness incurred while participating in any activities provided by the Spencer Goju-Kai Karate-Do. The applicant is in good physical health and able to participate in rigorous physical activity. I have read and understand this release and waiver prior to signing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IF UNDER 18**

Parent or guardian signature:

\_\_\_\_\_

Date: \_\_\_\_\_