

# PAL KARATE SIGN UP

284 Hackensack Avenue  
Hackensack, NJ 07601  
Phone (201) 342-5900  
Fax (201) 342-5901

Participant: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Emergency Contact (1): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Emergency Contact (2): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Date of last physical: \_\_\_\_\_

Does the child have any preexisting medical/emotional conditions?

YES \_\_\_\_\_ NO \_\_\_\_\_ (if answered yes, medical clearance is required)

## Fees:

Annual Registration Fee: \$25

Monthly Fee: \$20 paid on a quarterly basis

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature (If under age 18): \_\_\_\_\_ Date: \_\_\_\_\_