



PULASKI KARATE CENTER

Chief Instructor - Sensei: Jerry Hughey
Member of the "U.S.EASTERN WADO-RYU KARATE-DO FEDERATION"
and the "INTERNATIONAL WADO-RYU ORGANIZATION" of Japan

Wado-Ryu (Way of Peace and Harmony)

Name: _____ Date: _____
(First) (Middle) (Last)

Telephone No: _____ Mobile Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Date of Birth: _____ Sex (M/F): _____ Age: _____ Weight: _____ *Height: _____

Have you studied karate or any martial art before? _____ How Long? _____
When? _____ Where? _____
Name of Style? _____ Last rank achieved? _____

Do you have any physical disabilities? _____ Please describe: _____

In case of emergency, contact: _____ Telephone No: _____

Where did you here about our school? _____ (Newspaper, Radio, Friend, Relative, Building Sign, etc)

Did one of our students recommend our school? _____

I have read and understand the above information, and believe it correct to the best of my knowledge.

Signature - Parent or Guardian Signature (if minor) _____ **Date:** _____

Student Name as you would like to be called _____

Thank you for joining our school and I hope you have a great experience. Should you have special needs or if I can be of assistance in any way, please do not hesitate to let me know. Sensei