ROYAL CITY GOJYU KARATE
REGISTRATION FORM

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Email: _____

Emergency Contact

Name: _____

Phone: _____

Medical conditions/allergies: _____

_____

_____

I certify that the information provided above is accurate and up to date. I will immediately advice Royal City Gojyu Karate if this information changes. If the registrant named above is under 18 years of age, I am authorized to release personal information on his/her behalf and consent to his/her participation in this program. In the event that the registrant becomes injured or ill during the participation in this program, I authorize Roberto Vasquez or any authorized representative of Royal City Gojyu Karate to act on my behalf to seek medical attention. I understand that this program involves physical participation and that there can be risks inherent with participating in this type of activity. It is always wise to consult with a medical professional before starting any physical fitness program. I affirm that the registrant is in good health, capable of safely participating in cardio vascular exercise, and I accept as my personal risk the consequences of such participation. I agree to follow the safety instructions and other rules of any instructor certified by the Royal City Gojyu Karate or the International Meibukan Gojyu-Ryu karate-do association. I affirm that I will not participate in this program if I am under the influence of drugs and/or alcohol. I hereby release Roberto Vasquez, Royal City Gojyu Karate and the International Meibukan Gojyu-Ryu Karate-do association from all damages or injuries resulting during the participation in this or any future programs hosted by Royal City Gojyu Karate.

Signature: _____

Parents Signature (if under 18 years): _____