

Elicker Kenpo Karate Academy

2323 Carlisle Road, Shiloh Village, York, Pa. 17408 Studio Number: 717-767-2087

Student Application

PLEASE PRINT CLEARLY

Today's Date: _____

Student's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Date of Birth: _____

If Under 18, parent (s) name (s): _____

Name/ Phone number of Emergency Contact: _____

Are there any health problems that we should be aware of? _____

How did you hear about our studio? _____

Have you ever studied martial arts before? _____

If yes, what style and how long? _____

PLEASE TURN THIS PAPER OVER AND SIGN STUDENT RELEASE.

PHOTO RELEASE: Please check one and sign below.

All students check one and sign:

- I DO permit photos to be taking of me and/or my child for school promotional purposes.
 I DO NOT permit photos to be taking of me and/or my child for school promotional purposes.

Student or Parent's Signature _____

Manager's Approval _____



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Student Release Form

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www.ellickerkenpoacademy.com

Student Release Form

PLEASE READ CAREFULLY, THEN SIGN AND DATE

By my signature below, I agree to indemnify and save harmless Donna M. Elicker, Elicker Kenpo Karate Academy, the owner in lessor of the building in which the instruction takes place, and all lessors, assignees, employees and heirs of Donna M. Elicker, against any and all actions, claims, and demands whatsoever that may result from membership in the studios, instruction by Donna M. Elicker, interaction with other students, or from any other cause arising out of the attendance by the undersigned student, be there injuries or property damage, and whether occurring inside the building, or anywhere on the premises. The undersigned student/parent or guardian of student also hereby agrees to indemnify, and save harmless other students and instructors from and against any and all actions, claims and demands, whatsoever, that may arise from the instruction described herein.

Student Signature: _____
Date: _____

If under 18, Parent or Guardian Signature:

Date: _____

Contact Info

Ms. Donna Elicker Owner/ Director of: Elicker Kenpo Academy
E-mail: ellickerkenpo@gmail.com Cell: 717-683-5708