

STUDENT PROFILE

清林道場古武道

SEIRIN DOJO KOBUDO

PLEASE PRINT LEGIBLY.

CONTACT INFORMATION

NAME		DATE OF BIRTH
STREET ADDRESS		CITY/STATE
ZIP CODE	PHONE	EMAIL ADDRESS

EMERGENCY INFORMATION

CONTACT NAME		PHONE
RELATIONSHIP <input type="checkbox"/> PARENT/GUARDIAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> RELATIVE <input type="checkbox"/> FRIEND <input type="checkbox"/> OTHER _____		
HEIGHT	WEIGHT	BLOOD TYPE
LIST ALL INJURIES, HEALTH ISSUES AND/OR ALLERGIES THAT YOU MAY HAVE, IN ADDITION TO ANY MEDICATION THAT YOU MUST REGULARLY TAKE		

MARTIAL ARTS BACKGROUND

PREVIOUS MARTIAL ARTS STYLE(S)	HIGHEST RANK ATTAINED
SCHOOL NAME	MAIN INSTRUCTOR
REASON(S) FOR LEAVING PREVIOUS SCHOOL	
LENGTH OF TIME AT PREVIOUS SCHOOL	DO YOU HAVE A SHOKAI-JO (LETTER OF RECOMMENDATION)? <input type="checkbox"/> YES <input type="checkbox"/> NO
GUARANTOR	INTRODUCER
PURPOSE AND MOTIVE FOR JOINING THE SEIRIN DOJO	

SIGNATURE

STUDENT SIGNATURE	DATE
PARENT/LEGAL GUARDIAN SIGNATURE	DATE