



# Ottawa Chito Kai Martial Arts Centre



## Registration Form

### Student Information

|   |              |                |                      |        |
|---|--------------|----------------|----------------------|--------|
| Student Name  |              |                |                      |        |
| Date of Birth   |              |                | Male                 | Female |
| Address:  | Street:      | City:          | Province:            |        |
|   | Postal Code: |                |                      |        |
| Phone:  | Home:        | Work:          | Cell/Other:          |        |
| Email:  |              | Confirm Email: |                      |        |
| Medical Conditions/Allergies/Medications:   |              |                |                      |        |
| Previous Martial Arts Training:   |              |                | Belt Level Obtained: |        |
| How did you learn of our School (Yellow Pages, Advertising, Walk-by, Word of mouth, etc): |              |                |                      |        |

### Emergency Contact

|                          |       |       |             |  |
|--------------------------|-------|-------|-------------|--|
| Name:                    |       |       |             |  |
| Relationship to Student: |       |       |             |  |
| Phone:                   | Home: | Work: | Cell/Other: |  |

|  |       |
|--|-------|
| Signature of Student (If student is under the age of 18, Parent/Guardian): | Date: |
|--|-------|