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SELF-DEFENSE



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North Side Karate  
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# Registration Form

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Student 2 \_\_\_\_\_ Student 3 \_\_\_\_\_  
DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Parent's Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Hm# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Wk# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are both parents supportive?  Yes  No

How did you hear about NorthSide Karate? \_\_\_\_\_

Has your child ever taken karate?  Yes  No If yes, list where & rank \_\_\_\_\_

Does the student have any physical impairment? Yes  No

Does the student currently set goals? Yes  No

If yes, do they achieve them? Yes  No

If no, would you like them to? Yes  No

Briefly describe the following information below about the student (s):

Personality \_\_\_\_\_ Temperament \_\_\_\_\_

Confidence Level \_\_\_\_\_ Coordination \_\_\_\_\_

Attention Span \_\_\_\_\_

If the students were in karate now, then what achievements would you like to see?

- Physical Fitness  Self Confidence  Coordination  Discipline
- Attention Span  Determination  Weight Loss  Posture/Poise/Figure
- Positive Attitude  Memorization  Tension Relief  Speed, Perception, Agility
- Self Defense  Perseverance & Endurance

By signing below, you acknowledge that you have read and understand all information listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* If under the age of 18 a parent or guardian signature is required**

**\*The registration fee and the first month payments are non-refundable**