



NORTH SIDE KARATE

1100 GREENS PARKWAY, SUITE 480
HOUSTON, TEXAS 77067
(832) 969-5584

NSK100-4, Rev. 2
Revised 1/3/2011

Registration Form

STUDENTS INFORMATION

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|--|---------------------------------------|-------------------------------------|---|--|--------------------------------------|---|--|---------------------------------------|---|---|---------------------------------------|---|--|--|
| Student Name: [#1] _____ Date of Birth: _____ Current Age: _____ Has Student Ever Had Karate Classes? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, list where and highest rank: _____ Does the Student have any physical impairment? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the Student currently set goals? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, do they achieve them? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, would you like them to? Yes <input type="checkbox"/> No <input type="checkbox"/> | Student Name: [#2] _____ Date of Birth: _____ Current Age: _____ Has Student Ever Had Karate Classes? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, list where and highest rank: _____ Does the Student have any physical impairment? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the Student currently set goals? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, do they achieve them? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, would you like them to? Yes <input type="checkbox"/> No <input type="checkbox"/> | Student Name: [#3] _____ Date of Birth: _____ Current Age: _____ Has Student Ever Had Karate Classes? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, list where and highest rank: _____ Does the Student have any physical impairment? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the Student currently set goals? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, do they achieve them? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, would you like them to? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| Briefly describe the following information about the student: Personality: _____ Coordination: _____ Temperament: _____ Attention Span: _____ Confidence Level: _____ | | | | | | | | | | | | | | | | | | |
| If the students were in karate classes, what areas of improvement would you like to see? <table border="0"><tr><td><input type="checkbox"/> Physical Fitness</td><td><input type="checkbox"/> Self-Confidence</td><td><input type="checkbox"/> Coordination</td><td><input type="checkbox"/> Discipline</td></tr><tr><td><input type="checkbox"/> Attention Span</td><td><input type="checkbox"/> Determination</td><td><input type="checkbox"/> Weight Loss</td><td><input type="checkbox"/> Posture/Poise/Figure</td></tr><tr><td><input type="checkbox"/> Positive Attitude</td><td><input type="checkbox"/> Memorization</td><td><input type="checkbox"/> Tension Relief</td><td><input type="checkbox"/> Speed / Perception / Agility</td></tr><tr><td><input type="checkbox"/> Self-Defense</td><td><input type="checkbox"/> Perseverance & Endurance</td><td></td><td></td></tr></table> | | | <input type="checkbox"/> Physical Fitness | <input type="checkbox"/> Self-Confidence | <input type="checkbox"/> Coordination | <input type="checkbox"/> Discipline | <input type="checkbox"/> Attention Span | <input type="checkbox"/> Determination | <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Posture/Poise/Figure | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Memorization | <input type="checkbox"/> Tension Relief | <input type="checkbox"/> Speed / Perception / Agility | <input type="checkbox"/> Self-Defense | <input type="checkbox"/> Perseverance & Endurance | | |
| <input type="checkbox"/> Physical Fitness | <input type="checkbox"/> Self-Confidence | <input type="checkbox"/> Coordination | <input type="checkbox"/> Discipline | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Attention Span | <input type="checkbox"/> Determination | <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Posture/Poise/Figure | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Memorization | <input type="checkbox"/> Tension Relief | <input type="checkbox"/> Speed / Perception / Agility | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Self-Defense | <input type="checkbox"/> Perseverance & Endurance | | | | | | | | | | | | | | | | | |

PARENT'S INFORMATION

(If Applicable - under age 18)

| | |
|--|--|
| Mother's Name: _____ Street Address: _____ City/State/Zip Code: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ | Father's Name: _____ Street Address: _____ City/State/Zip Code: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ |
|--|--|

By submitting this form and/or signing below, you acknowledge and certify that you have entered all information above accurately.

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.**