

OAKLAND KAJUKENBO KWOON ENROLLMENT

Student Name:

Birthday:

Student Name:

Birthday:

Student Name:

Birthday:

Student Name:

Birthday:

Mailing Address (include Street Name, apt., City, Zip Code):

Phone numbers (include all possible contact numbers):

If enrolling student is a minor, provide the Parent/Guardian name/s and relationship/s to child/children.

Email addresses (it is important to provide an email address if possible):

List any health concerns you have that may affect your training/your children's training:

Briefly state why you are enrolling yourself or your children in a martial arts program at this time:

Fees: Families choose a monthly membership fee of between \$12 and \$120 per month. This is a sliding scale and each family chooses a fee that is good for their family. The membership fee, in cash or check, is due during the first week of each month. **WRAP CASH OR WRITE ON BILLS SO I KNOW WHOSE IT IS!!!!** Checks should be made payable to Oakland Kajukenbo Kwoon. Please be attentive to your membership fees each month.

I/We agree to pay \$_____ per month for myself/my family.

Emergency contact information. Please list two names and contact information for anyone who could be contacted in case of emergency:

1.

2.

Signature of Student or Parent/Guardian:

Date: