

shorin-ryu karate

Instructor: Dieter Von der Marwitz

2nd Dan Black Belt Instructor



空手道
小糸流

enrollment form

Student Last Name First Middle

Address

City State Zip

Home Phone Work Phone Cell Phone

Date of Birth (Month/Day/Year) Age

Mother's Name Father's Name

Physical Disabilities/Health Problems

I hereby apply to become a member of the Shorin-Ryu Karate Club effective from the date below. I agree that the karate fees are payable in advance and I will give one month's notice for my intention to end my membership.

I understand that a refund of any of the club's fees will be in the discretion of the Shorin-Ryu Karate Club.

I understand that although every endeavor will be made to ensure that I do not suffer physical injuries, that neither I or my estate of dependents will have any claim against the Shorin-Ryu MN Club, Martial Arts of Minnesota, and/or Sensei, and/or members for any injuries which I may sustain as a result of my attending the club.

Signature

Date

Print Name (Parent)

Fee: \$65/mo. members
\$60/mo. for + family members