

Coopersburg Karate Academy, LLC  
Coopersburg, PA  
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4<sup>th</sup> Degree Black Belt

[www.coopersburgkarateacademy.com](http://www.coopersburgkarateacademy.com)

### STUDENT PARTICIPATION FORM

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Age \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Coopersburg Karate Academy is a private organization specifically geared to the instruction of the Martial Arts to children. It is the responsibility of the parent to discuss with their child(ren) the accompanying set of rules. Please read thoroughly and sign, indicating compliance.

I, the parent of \_\_\_\_\_, have received a copy of the Dojo rules. I/We understand the rules and will abide by them. My child is physically fit to participate.

I/We understand that Karate is a contact sport and light contact is acceptable to this end. We acknowledge that some risk is involved and will accept this responsibility. We also agree to release the owner or instructors of Coopersburg Karate Academy from liability.

We have read, understand, and agree with the above conditions.

\_\_\_\_\_  
Parent's Signature and Date

\_\_\_\_\_  
Coopersburg Karate Academy