

Coopersburg Karate Academy, LLC
Coopersburg, PA
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Hilton J. Siegfried, Proprietor
5th Degree Black Belt

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