



Student Application

(Please Fill Out As Completely As Possible)

Student's Name _____ Date of Birth _____
Address _____ Apt. _____
City _____ State _____ Zip _____
Phone _____ E-mail _____ (May be used for announcements)

Why do you want to study the Martial Arts? _____

How did you hear about the Central Ohio Bujinkan Dojo? _____

Relevant Medical Information

Any Medical Problems? Yes _____ No _____ If yes, please list: _____
On Any Medication? Yes _____ No _____ If yes, please list: _____
Any allergies or allergic to any medication? Yes _____ No _____ If yes, please list: _____

In an emergency please contact (Please list parent or guardian if under 18):

Name: _____ Phone: _____ Cell: _____
Name: _____ Phone: _____ Cell: _____
Doctor _____ Phone _____

Have you ever been arrested or under investigation for a crime? In the space below you may list and explain or ask to be contacted in person about the incident(s). Attach additional paper if necessary.

MEDICAL RELEASE

I hereby give my permission to the Central Ohio Bujinkan Dojo to have myself or my child treated in case of any emergency.

Name(s): _____

Signature: _____ Date: _____

NOTICE

The Central Ohio Bujinkan Dojo urges all members to obtain a physical examination from their physician prior to attendance in any Martial Arts class. In recognition of the possible dangers connected with any physical activity, member(s) hereby knowingly and voluntarily waive any right of cause of action of any kind whatsoever arising as the result of such activity from which any liability may or could occur to above named Martial Arts School, its officers, employees or instructors. Anyone wishing to participate must sign below. Parents must sign if participant is under 18 years of age.

Name: _____ Signature: _____ Date: _____

Address (if different from above) _____ City _____ State _____ Zip _____
