



Penrose Park & Recreation District

From our pioneering roots to pioneering the future

401 Park Place

Phone : (719) 429-7002

E-mail : Treasurer@penroseparkrec.com

Instructor: _____

Enrolled program: _____

(Please print and fill completely)

STUDENT NAME _____

DOB: _____ Age _____ SEX: M F WT _____ HT _____ SHOE SZ _____

PARENT / GUARDIAN _____

PARENT / GUARDIAN _____

HOME ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ MAILING ADDRESS _____

HOME PHONE _____ CELL # _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT _____ TEL # _____

STUDENT'S SCHOOL _____

PHYSICAL IMPAIRMENTS _____

HEALTH ISSUES _____

PREVIOUS EXPERIENCE _____

GOALS / KARATE _____

WAIVER

I affirm that I am in good physical condition and health and enter into this course freely and voluntarily. I understand that there will be physical contact with other students and instructors, and exercises to perform. I freely assume the risk of any injury that might occur and hold Penrose Park and Recreation District and Bendell Karate, a division of Samurai Martial Arts Corporation, and the instructors harmless from responsibility for any injuries, unless it is due to gross negligence on the part of an instructor or said school or district.

STUDENT SIGNATURE _____ DATE _____

PARENT(S) / GUARDIAN SIGNATURE (if student is under 18 years old) _____ DATE _____

PARENT(S) / GUARDIAN SIGNATURE (if student is under 18 years old) _____ DATE _____

7 wk Summer	10 wk Fall	10 wk Winter	10 wk Spring
FLEXIBILITY Poor 1 2 3 4 5 great COORDINATION: -Average Average +Average GHI _____ BELT _____ PUNCH _____ BOOT _____ CHEST _____ HDGR _____	ATTENTION SPAN: -Average Average +Average ATTITUDE: Poor Excellent		
NOTES _____			

DO NOT RETURN TO SCHOOL