



Mount Pearl School of Martial Arts

Registration Form

New Participant

Name _____ M ____ F ____

Address _____ City _____ Prov. _____ Postal Code _____

Phone# (home) _____ (work) _____ (cell) _____

E-mail address _____

Emergency Contact _____ Emergency Contact Phone: _____

*Date of Birth _____ *Grade _____ *Age ____ *School _____

Special Medical Instructions _____

Doctor's Name _____ Telephone _____

Parent/Guardian

Required for Participants under 18 years of age

Parent/Guardian Name _____

Parent/Guardian Address (if different) _____

City _____ Prov. _____ Postal Code _____

Phone# (home) _____ (work) _____ (cell) _____

E-mail address _____

Previous Martial Arts Experience _____

Current Belt Rank _____

How did you hear about us?

School Flyer

Newspaper Ad

Radio Ad

Referred by someone else

Other

Applicant/Parent/Guardian Signature

Date