



ALL INFORMATION MUST BE FILLED OUT

Tenkara Karate

Shihan Patrick Hussey
426 Maple Avenue
Saratoga Springs, NY 12866
1-518-871-1330

KYU _____

OBI _____

(Please Print)

TUITION MUST BE CURRENT PRIOR TO TEST DATE!

Test Date: _____ Rank Testing For: _____

Name: _____ Current Rank: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Age: _____ Date of Birth: _____ Male: ___ Female: ___

How Long Studied: _____ Last Test Date: _____

Name of Instructor: _____ Instructors Rank: _____

=====**Please check all that may apply**=====

Patches (\$15) _____ Sparring Equip. _____ Other _____

Tenkara Karate Release

The undersigned hereby recognizes and acknowledges that Karate is an inherently dangerous activity which includes high risk and may result in serious injury or death. The undersigned therefore agrees to assume any and all risks associated with this activity. The undersigned further agrees to release the Tenkara Karate Organization, its employees, its agents, its servants, and Shihan Patrick Hussey individually from any and all claims arising out to their negligence and the negligence of others. The undersigned furthers agrees to DEFEND, INDEMNIFY, and SAVE HARMLESS the Tenkara Karate Organization, its employees, its agents, its servants, and Shihan Patrick Hussey from and against any and all liability arising from injury or death of any persons or of damage to property to the extent occasioned in whole or part by and act or omission of the undersigned.

Signature of Student

Signature of Parent or Guardian (if under 18 years of age)

Signature of Instructor

Date of Signatures

-----**For Office Use Only**-----

Date Paid: _____ Test Fee: _____ Amount Paid: _____

M.U. _____ Initial: _____ Cash: _____ Check # _____ CC: _____