

**Haywood Brothers Martial Arts Academy**  
 4410 East 14<sup>th</sup> Street  
 Oakland, CA 94621  
 (510) 535-2201

**ENROLLMENT APPLICATION**

PERSONAL DATA					
NAME (LAST)		(FIRST)		(MIDDLE)	
AGE	DATE OF BIRTH	HEIGHT	WEIGHT	MARRIED <input type="checkbox"/> YES <input type="checkbox"/> NO	CITIZENSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS (NUMBER)		(STREET)	APARTMENT#		HOME TELEPHONE ( )
CITY		STATE	ZIP CODE		MESSAGE TELEPHONE ( )
EMPLOYED BY					<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL
EMPLOYER ADDRESS					TELEPHONE ( )
CRIMINAL RECORD: <input type="checkbox"/> CHARGES (Do not include traffic violations) <input type="checkbox"/> JUDGEMENT RENDERED					

MEDICAL / HEALTH / EMERGENCY INFORMATION	
LIST ANY KNOWN PHYSICAL DEFECTS (Use reverse side of application if explanation is lengthy)	
ANY RECENT OPERATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN:
ANY CHRONIC ILLNESSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN:
NAME OF DOCTOR (IN CASE OF EMERGENCY)	TELEPHONE ( )
NAME OF CLOSEST RELATIVE	TELEPHONE ( )

OTHER PERTINENT INFORMATION
LAST SCHOOL OR COLLEGE ATTENDED:
REASON FOR YOUR INTEREST IN THIS MARTIAL ARTS SYSTEM:
NAME OF PREVIOUS KARATE SCHOOL ATTENDED:

APPLICANT STATEMENT	
I, the undersigned, agree to waive any claims against this said club and its representatives for any injuries and/or death arising from or received during practice, regularly scheduled, or contest. I also understand and accept the condition that my enrollment may be terminated at any time without notice if it is proven by the school that I have knowingly misstated any facts above.	
APPLICANT'S SIGNATURE (If under 21 years of age, parent or guardian must sign)	DATE
HEAD INSTRUCTOR	DATE