**MARTIAL ARTS CLUB REGISTRATION FORM**

[CLUB NAME]  
[ADDRESS]

Fill out the form given below completely. Make sure all the information is correct to the best of your knowledge.

|  |  |  |
| --- | --- | --- |
| Intended date of joining |  | [DD/MM/YYYY] |
| First Name/Last Name | [First] [Last] |
| Address | [Street address] |
| City/STATE/Zip | [City/STATE/Zip] |
| Gender | [Male/Female/Not specified] |
| Date of Birth | [DD/MM/YYYY] |
| Email | [abc@example.com] |
| Major illness | [Illness] if any |
| Allergies | [Allergies] if any |
| Disability or level of injury |  |
| Physician/Clinic | [Name/contact] |

Emergency Contact Information

|  |  |  |
| --- | --- | --- |
| Relationship |  | Contact |
|  |  |
| 2- |  |
| 3- |  |
| 4- |  |
| 5- |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Office Use Only | | | | | |
|  | | | | | |
| Form# |  | Accepted |  | Date |  |
| Comment: |  | | | | |

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