

**SHOTOKAN KARATE OF AMERICA, INC.
PORTLAND, OREGON DOJO**



STUDENT INFORMATION

Name: _____ Date of birth: _____
Address: _____ Phone: _____
Email: _____ Phone: _____

INFORMATION FOR MINORS

How will the child be picked up after practice? _____

Does your child have any special needs? _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to participant: _____

Home phone: _____ Cell phone: _____

Name: _____ Relationship to participant: _____

Home phone: _____ Cell phone: _____

MEDICAL INFORMATION

Allergies to medications: _____

Other allergies: _____

Current medications: _____

Major injuries: _____

Major illnesses and hospitalizations: _____