

Shogun Academy of Martial Arts

Trial Class Form



Title:	First Name:	Surname:
Age (if under 18):	Date of Birth:	
Address:		
Email Address:		
Contact Phone Number:		
Occupation:		
In case of emergency please notify:		
Address:		
Emergency Number 1:	Emergency Number 2:	
Do you have any injuries or medical conditions we should know about? (Please state).		
How did you hear about us?		

Please note: we cannot be held responsible for any property lost or stolen, or injury caused or suffered by the person named above, training or otherwise.

Please sign here: Date:/...../.....