



Hawaiian Kajukenbo Association

Mililani Recreation Center 5, 95-1011 Ainamakua Drive, Mililani, HI 96789

Phone: (808) 222-3860

www.hawaiiankajukenbo.com



Date of Application _____ First Started _____

Students Name _____ Age _____

Sex M__ F__ Date of Birth _____ Height _____ Weight _____

Address _____

Home Phone _____ Work _____ Cell _____

E-mail address _____

Mililani Town Association I.D.# _____

In an Emergency, Contact _____ Ph _____

School _____

Employer of applicant or parent _____

How did you find out about our school? _____

List any Physical Disabilities/Limitations _____

What goals do you wish to accomplish for yourself or your child by becoming a member of a martial arts school? _____

The Undersigned Understands and Agrees to the Following:

1. I, the undersigned do hereby submit my application for attendance and participation to Hawaiian Kajukenbo Association. I also understand that martial arts can be a dangerous and hazardous activity, and do hereby waive all claims against Hawaiian Kajukenbo Association, Mililani Town Association Inc., their Owners, Officers, Directors, Instructors, and Members, for any and all claims for injuries or death sustained while participating in the Hawaiian Kajukenbo Association's training program or any related activities.
2. I fully understand that any medical attention given me will be of a first aid type only.
3. Any violations of the schools bylaws or policies can result in immediate dismissal.
4. The school will not consider or admit any applicant who has been advised by a physician not to take part in such activity.

Signature of Applicant, Parent or Guardian _____