



**Shotokan
POTTSTOWN KARATE CLUB
MEMBERSHIP APPLICATION**

NAME _____

ADDRESS: _____

PHONE (HOME): _____

(WORK): _____

(EMERG.) _____

EMAIL ADDRESS _____

Please circle the following that apply

Training Commitment (Circle)

3 mos.

6 mos.

9 mos.

1 year

Karate Classes

Pilate Sessions

Boxing Membership

Sports Clinc

Release of liability

I _____, release Robert Matthews / Pottstown Karate Club and all associates from any and all liabilities and responsibilities that may result from arriving, entering, training, testing, departing from PKC training and test facilities.

I am aware that karate training includes possible physical contact and if injuries occur, I assume full liability and responsibility. All training is performed at my own risk.

Signature (parent or legal guardian if under 18)

As an affiliated organization, ***Pottstown Karate Club*** is recognized as tax-exempt under the **Amateur Athletic Union of the U.S.** Inc.'s group determination ruling through the time period ending August 31st 2007

**All Donations / Membership fees are Tax Deductible.
Email Rob.1@pottstownkarate.com
PKC 610 327 1321**