

SHOWTIME
MARTIAL ARTS
PARTICIPANT INFORMATION FORM

Participant Info

Name: _____ Age: _____ Date of Birth: _____

Parent/Guardian Name (required if participant is a minor): _____

Participant's Height: _____ Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Anything we need to know about the participant? (Asthma, Allergies, etc)

Who is authorized to pick up your child (if applicable)?

Emergency Contact:

Name: _____ Phone: _____