



# Islamic Society of Central Jersey

## Karate Admission / Registration Form

Please list each student on a separate line

Student Name:	Age:	DOB:
Student Name:	Age:	DOB:
Student Name:	Age:	DOB:
Student Name:	Age:	DOB:
Address:		
City:	State:	Zip:
Cell #:	Home #:	
Email Address:		

Emergency Contact Name:	Email:
Any Health Concerns:	
Any Prior Martial Arts Experience:	
Parent First Name:	Parent Last Name:
Date:	

By signing above, I understand that I will have to abide by the rules set by I.S.C.J as amended from time to time and sign a separate waiver for each student.

Contact Br. Javed Khan for registration (732) 322-7672 [javedfkhan@gmail.com](mailto:javedfkhan@gmail.com)

Signature:
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