

YOUTH REGISTRATION FORM - BEDFORD COMMUNITY EDUCATION

PLEASE PRINT NEATLY and COMPLETE ALL INFORMATION!

A SEPARATE COMPLETED REGISTRATION FORM IS REQUIRED FOR EACH STUDENT AND EACH CLASS!

Class Name _____ Location _____ Start Date ____/____/____ Time _____ Fee \$ _____

Last Name _____ First Name _____ Home Phone (_____) _____

Age _____ D.O.B. ____/____/____ Current Grade _____ School Attending _____

Street Address _____ City _____ Zip _____

Father's Name _____ Cell Phone (_____) _____ Work Phone (_____) _____

Mother's Name _____ Cell Phone (_____) _____ Work Phone (_____) _____

May we contact you at work? Father? yes no Mother? yes no

E-mail Address _____ Current Belt Level for Karate _____

Emergency Contact: Name _____ Relationship _____ Phone (_____) _____

Shirt Size: (if applicable) YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL

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