



Muslim Center of Middlesex County

Karate Registration Form

Please list each student on a separate line

Student Name:	Age:	DOB:

Address:		
City:	State:	Zip:
Cell #:	Home #:	
Email Address:		

Emergency Contact Name:	Phone:
Relation To Student:	Email:
Any Health Concerns:	

Any Prior Martial Arts Experience:

Parent First Name:	Parent Last Name:
Signature:	Date:

By signing above, I understand that I will have to abide by the rules set by MCMC as amended from time to time and sign a separate waiver for each student. **Submit the filled form to instructors**

Registration:

For Girls: Sr. Nermine Rashwan (732) 725-7027 nermineusa1974@gmail.com