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## ABKA-North Heights Enrollment Form

Student's Name \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Emergency Contact Information: \_\_\_\_\_

Relationship \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Name you would like presented on Certificates: \_\_\_\_\_

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Briefly describe what your goals are and/or what you hope to accomplish through karate/self-defense training

A \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_

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Instructor to Fill:

Start Date: \_\_\_\_\_ Uniform Size: \_\_\_\_\_ Belt Size: \_\_\_\_\_



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## ABKA-North Heights Commitment Agreement

As a student of Bushido-Kai Karate I make the following agreement:

1. I will never misuse the karate techniques
2. I will be respectful and disciplined in my karate training and competition.
3. I will not teach the karate I learn to anyone without approval of the American Bushido-Kai Karate Association- North Heights.
4. I will obey all karate and dojo rules
5. I will pay all fees on time
6. I will not abuse alcohol or drugs

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Student's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

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Parent/Guardian's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



## ABKA-North Heights Hold Harmless Waiver

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, hereby release North Heights Lutheran Church, its employees, volunteers, and all parties involved with the teaching of this course, and all involved with the location of the course from any personal injury, emotional or bodily harm sustained or suffered from me during, arising out of, or as a result of any activity associated with this karate/martial arts/self-defense course. I further release said individuals and involved parties from all claims of liability for any property or valuables lost, mislaid, or stolen. I do not have, to my knowledge, any physical condition or disability that would preclude my participation in this program. I understand the terms above and complete responsibility for my health and wellbeing in this program.

Please initial the following:

\_\_\_\_\_ I understand that this course will involve strenuous physical activity and physical contact and may be hazardous and result in personal injury.

\_\_\_\_\_ I understand that, given the nature of this course, there may be fake weapons used for demonstration and scenario training. I understand the need for such tools and props in the context of the material presented and agree to their use within the course.

\_\_\_\_\_ I understand that the training provided in this course will in no way guarantee that I will be impervious to an assault or attack of any kind. The above-named parties and their parties will not be held liable for any damages or injuries sustained in an actual self-defense situation.

\_\_\_\_\_ I understand that, depending on my personal history, participation in this course may be an emotionally challenging experience that lasts beyond the confines of this course.

\_\_\_\_\_ I understand that, at any time during the course, I am free to stand aside and not participate in any activity or part of any activity, whether it is for physical or emotional reasons.

\_\_\_\_\_ I understand these techniques are strictly for training and self-defense use. I will only use the physical techniques to defend against someone in deadly force situation.

\_\_\_\_\_ I understand that the instructor reserves the right to dismiss me from class for any reason; including but not limited to: overall lack of control, disrespect, or any other behavior that would be disruptive or may result injury to me or another student.

\_\_\_\_\_ I understand that I may not teach or instruct any material learned in this course to other parties or share any videos recorded without expressed written consent from North Heights Lutheran Church.

I sign realizing that my participation in this karate/martial arts/self-defense course may have the potential to subject me to personal injury and bodily harm. I further have read the above statements and fully understand the contents of this release indemnity and hereby accept and agree to the terms, conditions and provisions written here.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature (if minor): \_\_\_\_\_

Relationship: \_\_\_\_\_

**NORTH HEIGHTS KARATE**  
A ministry of North Heights Lutheran Church

Our number one goal is to provide Christian programming that is Christ centered while healthy and safe for our students and staff. On July 22, Governor Walz signed Executive Order 20-81 which includes guidelines and requirements that are incorporated in to our comprehensive COVID-19 PLAN. That plan is posted in the Karate Studio and available for review. We know that things change quickly in the midst of this pandemic. Therefore, know our plan will be updated to reflect additional guidance, and Executive Orders as needed.

**FAMILY COMMITMENT LETTER**

Please read and complete this Family Commitment Letter. North Heights Karate requires a signed commitment form/letter on file from each family before the start of classes.

1. Prior to attending, I will assess myself or my student for COVID-19 symptoms based on the COVID-19 Health Screening. Symptoms of COVID-19 can include: • fever (+100.0)• chills • sore throat • cough • headache • loss of taste or smell• shortness of breath • muscle pain • gastrointestinal (nausea, vomiting, or diarrhea)  
I will also assess other contagious illness-related symptoms. I will commit to keeping myself or my student(s) home from all activities if these symptoms are present. North Heights Karate will conduct random screening during the year
2. I will not attend class or send my student to class if I am aware that he/she has been exposed to someone who has a positive diagnosis for COVID-19.
3. I will contact the academy immediately by emailing Molly Nielsen - [Molly.Nielsen@nhlc.org](mailto:Molly.Nielsen@nhlc.org), if I am keeping myself or my student(s) home due to illness.
4. Should my student develop symptoms while at class, I will ensure someone is available to pick him/her up promptly if we are contacted to do so.
5. If a member of our household has been exposed to or diagnosed with COVID-19, I will notify Molly Nielsen - [Molly.Nielsen@nhlc.org](mailto:Molly.Nielsen@nhlc.org)

**Assumption of the Risk and Waiver of Liability**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. North Heights Karate has put in place preventative measures to reduce the spread of COVID-19; however, **we cannot guarantee that you or your child will not become infected with COVID-19.** Further, participation could increase your risk of contracting COVID-19.

By signing this agreement, I **acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I or my child may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death.**

**I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with me or my child's participation.** I hereby release, covenant not to sue, discharge, and hold harmless North Heights Lutheran Church, its employees, agents, and representatives.

**Activities and sports:** I represent that I have adequate insurance to cover any injury or illness suffered or cause while participating in school activities and further agree to bear the costs of such injury or illness to myself or child. I further represent that I and my Child have no medical or physical condition which could interfere with our safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

1. Student First Name: (please print) \_\_\_\_\_ Last name: \_\_\_\_\_
2. Student First Name: (please print) \_\_\_\_\_ Last name: \_\_\_\_\_
3. Student First Name: (please print) \_\_\_\_\_ Last name: \_\_\_\_\_
4. Student First Name: (please print) \_\_\_\_\_ Last name: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature(if minor):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Relationship: \_\_\_\_\_

**God bless you and thank you for your patience and support. Please pray regularly for our students, teachers, staff, and families and be patient and gracious with one another in these incredibly challenging times.**