



# EMPOWERED MARTIAL ARTS STUDIO

## LIGHTNING TIKES

### Registration Form

		M	F
Child's Name	Date of Birth	Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Cell Phone	Home Phone	Cell Phone
Address		Address	
City, State, Zip Code		City, State, Zip Code	
Email Address		Email Address	

### Additional Children

		M	F
Child's Name	Date of Birth	Sex	
		M	F
Child's Name	Date of Birth	Sex	
		M	F
Child's Name	Date of Birth	Sex	

### Tell Us About Your Child(ren):

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