

## Hickey Karate Center 4540 Stow Road

Stow, Ohio 44224 HickeyKarateCenter.com



ea

Student Name:		HKC Membership
		Number:
<b>Email address (if any):</b>		Date of Birth:
<b>Current Rank:</b>	<b>Testing Rank:</b>	Date of Test:

Dear Parents and Teachers:

Our main objective at Hickey Karate Center is to develop well-rounded students, not only at our Karate Center, but in society as well. Our school teaches principles of *Black Belt Excellence*. Not only do students become black belts in martial arts, but they also strive to become academic black belts and eventually, corporate black belts or black belt employees. We use black belt as a metaphor for personal excellence.

In order to monitor our student's progress towards these goals, we respectively request that you complete the following:

1. The student	is shows respect, ma	ikes a good effort,	, and receives passing grades	
	Agree (circl	e one) Di	isagree	
Teachers Signa	ature:	Date:		
2. My son/dau	_	-	l manner and cooperating at home.	
	Agree (circl			
Parents Signat	ure:	Date:		
If you have an separate sheet of pape Shihan@HickeyKarat  Thank you for  HICKEY KARATE C	y direct feedback bey r at the above addres eCenter.com. Please your kind help and c	yond the scope of		
			kan. I understand that prior to my receiving any rank	
by the Kwanmukan, I agre			the Kwanmukan. Under penalty of disciplinary action	
-	Date:			
Test Fee <u>\$40.00</u>	Belt <u>\$5.00</u>	Belt Size:	Total Enclosed: \$	