

Anderson's Martial Arts L.L.C.

Registration Form

Member Profile

First Name: _____ MI _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____ Date Joined: _____

Age: _____ Date of Birth: _____

Prior Training? _____ If Yes, where? _____

Style: _____ Rank: _____

How did you learn of our school? _____

Parent / Guardian Information (under 18)

Guardian (1): _____ Relationship: _____

Phone: (H) _____ (W) _____ E-Mail _____

Guardian (2): _____ Relationship: _____

Phone: (H) _____ (W) _____ E-Mail _____

Address: _____

City: _____ State: _____ Zip Code: _____

Medical Information

Emergency Contact: _____ Relationship: _____

Emergency Phone: (1) _____ (2) _____

Allergies: _____

Prescriptions: _____

Doctors Name: _____ Phone: _____

(Please see other side)

Welcome to Anderson's Martial Arts. We are pleased you have decided to try our program or seminar and we will make every attempt to provide you with the highest quality instruction.

By acknowledging and signing this letter, the student and or guardian recognizes the risk involved and agrees to the following terms and conditions required by Anderson's Martial Arts in conjunction with participating in our classes.

During practice or fighting sessions, the student agrees to wear a mouthpiece, headgear, footgear, hand gear and groin protector. The student agrees that there will be no contact to the groin or face. Only light contact to the headgear is permitted.

The undersigned student, and or guardian thereof, releases Anderson's Martial Arts, it's officers, employees, instructors and coaches from all liability for any and all damages and injuries suffered or sustained while on these premises and under the instruction, supervision or control of Anderson's Martial Arts or its employees.

The student, participant, or legal guardian thereof hereby agrees to individually provide for the possible future medical expenses which may be incurred as a result of any injury sustained while participating in class, during training, or performing for Anderson's Martial Arts.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Signature

Date

Parent or legal guardian's signature

Date

