

MARTIAL ARTS AMERICA REGISTRATION FORM

Classes held at St. Joseph School

5 Week session starts Wednesday, February 4th

Classes run from 2:05 – 2:35 p.m.

Student Name _____ Age _____

Name of Parent or Guardian _____

Address _____

Home Phone _____ Street _____ City _____ Zip Code _____
Work Phone _____ E-mail _____

Employed by _____ Occupation _____

Check the benefits you would like to experience from karate training and circle the most important benefit:

- Physical Conditioning Better Concentration Self Confidence Inner Peace
 Self Defense Weight Control More Energy Self Discipline
 Athletic Skill Better Mental Attitude Temper Control Self Control
 Respect for Self & Others Other _____

Are there any special conditions, medical or otherwise, that we should be aware of? () YES () NO

If yes, please specify: _____

I understand that the study of Karate, Fitness Kickboxing, Self Defense, Ju Jitsu and other martial arts, requires physical contact in many contexts including, but not limited to, sparring, hand-to-hand combat and self-defense techniques and also acknowledge that injury is an inherent potential result of any such activity. I also represent that I am medically and physically able to participate in the exercises and physical demands of the discipline. I also agree that any injuries or limitations will be made known immediately. I also understand that there is no guarantee for my personal safety after the completion of this course. In view of the foregoing and as a term and condition of being a student of Martial Arts America/Family Karate Center, I with the intention of binding myself, my spouse, heirs, legal representatives, and assigns, expressly release and discharge Martial Arts America/Family Karate Center, Matt Dorsey, his heirs and legal representatives from all claims, demands, actions, judgements and executions that I ever had, or no have or may have or that anyone claiming through him may have or claim to have, against Martial Arts America/Family Karate Center and Matt Dorsey or his heirs or legal representatives created by or arising out of any and all class activity regardless of where held or when held. I also understand and agree that I will not teach a Karate or Kickboxing class of any kind within five (5) miles of a Martial Arts America/Family Karate Center School. In witness whereof, I execute this release on this day and year written below.

Parent or Guardian (if student is under 18) Print parent(s) name Date

For more information, contact Kelly Williams at Martial Arts America, 377-6130 or rochestermaa@aol.com . Also, please visit our website at www.RochesterKarate.com
Send completed registration form and a check for \$59 to: Martial Arts America, 2160 Penfield Road, Penfield, NY 14526. **Please return your registration and payment to the main office.**

Payment: Credit Card or Check

CC/ Debit _____ Exp. Date _____ CCV # _____

Name on Credit Card _____