

Warrior Martial Arts Self-Defense Karate

Application Form

First Name: _____ Last Name: _____

Age: _____ Date of Birth: ___/___/____ Occupation: _____

Phone: Home: () Cell: () Email

Address: _____ City: _____

State and Zip: _____ Date: _____

How did you hear about our school? _____

Why do you want to learn Martial Arts? _____

Name/Address & Phone Number of Nearest Relative (In case of Emergency)

Telephone # _____

In consideration of the instruction furnished me (or my child) by the Warrior Martial Arts Self-Defense Karate, I do hereby agree that in the event that I (or my child) demonstrate Karate or Ju-Jitsu outside the school except in an unprovoked attack, that I (or my child) shall be subject to immediate dismissal from Warrior Martial Arts Self-Defense Karate School. I further agree that I (or my child) shall at all times conduct ourselves in a sportsman-like manner, exhibiting self-discipline and with full knowledge of the risk in the use of Karate and Ju-Jitsu outside the school and to avoid it with confidence. **There is a 30-Day trial period from registration date to be accepted as a new student.**

Waiver

I the undersigned (for myself and/or my child), herewith, assume all the risk of personal injury incident to the course of instruction in the study of Karate/Ju-Jitsu, in a course given by Warrior Martial Arts Self-Defense Karate. I, hereby acknowledge (for myself and/or my child), that personal contact is an integral part of the aforesaid instruction and herewith consent that instructors and other students may make the necessary physical contact incident to the aforesaid instructions, with full knowledge of inherent danger.

I the undersigned (for myself and/or my child), further agree that I shall at no time maintain any claim of demand or institute a suit against the Warrior Martial Arts Self-Defense Karate, its

owner or instructors, for personal injuries sustained as a result of the aforementioned instructions.

This instrument shall constitute a full and complete release for any claim for personal injuries arising out of the aforesaid instruction, and in consideration for being considered a student.

I the undersigned (for myself and/or my child), also agree to comply with the following:

1. Will not train in the school while under a Physician's care, without proper medical clearance.
2. Will not train under the influence of alcohol and /or drugs.
3. Will not wear jewelry during class time, that may cause injury to myself and/or other students
4. Must wear the appropriate mandated sparring equipment during class sparring; And
5. Will report all injuries (minor as well as major) to the instructor-in-charge immediately.

Students must check with the instructor BEFORE the following:

- a. use of First-Aid equipment
- b. sparring of any sort, and at any level;
- c. showing or teaching other students a technique, drill or form; and
- d. using any school equipment for the first time.

I have read (for myself and/or my child) the above waiver, rules and regulations and affirm that I understand the same fully and completely. I agree to abide and comply with them in every particularity.

By signing below indicates that you have read the Waiver and Release guidelines, terms and conditions, and regulations on this contract and fully understand the contents. This contract will remain on file in the Warrior martial Arts Self Defense Karate office unless the terms and conditions change. At that time a new contract will be executed.

I have executed this Waiver and Release this _____ day of _____, 20_____.

Signature of Student or Parent / Guardian if under the age of 21

Signature of Chief Instructor/or Witness