

**CHOSON MARTIAL ARTS ACADEMY
REGISTRATION APPLICATION**

SECTION A (PLEASE PRINT)

Today's Date : _____/_____/_____

Student's Name : _____ Gender : _____ Age : _____ Date of Birth : ____/____/_____

Parent or Guardian's Name : _____ Home Phone : _____
(if student is under 18 years old)

Cell Phone : _____ Email Address : _____

Home Address : _____ City : _____ State : _____ Zip : _____

Do you or your children have any previous experience in Martial Arts? Yes No If yes, please describe : _____

What benefits are you looking to receive from Martial Arts?

Discipline Better Focus Develop Relationships Other : _____
 Respect Perseverance Confidence
 Health/Fitness Self-Defense Family Bonding

If accepted, are you willing and able to go all the way to achieve the Black Belt? Yes No

STUDENT'S MEDICAL HISTORY:

When was your (child's) last physical examination? _____ Are you taking any medications? _____

Are there any restrictions that may restrict your training? _____

Program/Promotion Type : _____ Total Price : _____ Down Payment : _____

Balance : _____ # of Payments & Amount : _____ Payment Start Date : ____/____/_____

SECTION B (PLEASE PRINT)

I, _____, residing at the above stated address, hereby agree to take a training course in martial arts at Choson Martial Arts Academy (the "Academy") beginning on ____/____/_____. (the "Membership Plan"). **WAIVER AND RELEASE AND INDEMNIFICATION.** You (the Buyer and/or Member) understand and agree that you are aware that, under the Membership Plan, you shall be engaging in physical activities, including but not necessarily limited to, training and instruction in the Martial Arts or Aerobic Training which may include physical contact which could cause injury to you (the "Activities"). You are voluntarily participating in these activities and assume all risks of injury that might result. You hereby agree to waive any claims or rights you might otherwise have against the Academy, it's affiliates, owners, employees, agents, and assigns (collectively the "Releasees") for injury, loss or damages attributed to any negligent act, omission or fault of the Releasees (the "Waived Risks"). You further agree to indemnify, save and hold harmless the Releasees from any claim, loss or damages, including but not limited to their attorneys' fees, to which they may be subject arising out of or relating to, this agreement, the Membership Plan, or the Activities including, but not necessarily limited to, the Waived Risks. You further agree to release the Academy from any liability for any loss of theft of property. This covenant constitutes the entire agreement between the parties. Any promises, representations, understandings and/or agreements pertaining directly or indirectly to this contract which are not contained herein, are hereby waived. No oral changes are binding. Any and all payments are non-refundable.

Testing fees are not included in class prices.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT

Student's Signature

Parent or Guardian's Signature

PRINT Parent or Guardian's FULL Name

INSTRUCTOR'S SIGNATURE