

# REGISTRATION FORM

In consideration of your acceptance of my enrollment, I do hereby, for myself, my heirs, executors, administrators, waive release and forever discharge any and all rights and claims for damages which I may have or which may accrue to me against Trinity Martial Arts Center And Supplies-TMACS / WorldClass Martial Arts-WCMA/ The Karate Shop-TKS/ The American Butokukai Alliance-ABA and all members of the class, family members, their respective officers, agents, representatives, successors, any participant, and/or assigns against any and all damages which may be sustained by me in connection with my association with or enrollment in the classes or which may arise out of traveling to, participating in, and returning from such classes. I understand that these classes may consist of some body contact and I further understand all contact must be controlled by all participants. I will receive a program notebook with all content and agree with the program rules in their entirety and give authorization for payment of classes.

(Owners reserve the right to reject or cancel any enrollment)

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Cell Phone # 1: \_\_\_\_\_ Cell Phone # 2: \_\_\_\_\_

Work Phone # 1: \_\_\_\_\_ Work Phone # 2: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ School Name: \_\_\_\_\_

Company Name & Address or School Address: \_\_\_\_\_

Method Of Payment: ( ) Cash ( ) Check ( ) Money Order ( ) Credit Card ( ) Debit Card

Emergency Address: \_\_\_\_\_