



New Members Form

American Martial Arts Academy

(Registration and Release Form)

Date: _____



Name of Student: _____

Phone: _____ Email: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

Address: _____ City/State: _____ Zip: _____

Age: _____ Birthdate: _____ Grade: _____

Present Belt Color (if any): _____ Your School: _____

I wish to enroll myself and/or my son or daughter, into the Karate program sponsored by the American Martial Arts Academy Inc., (A.M.A.A.) I acknowledge that classes and practice sessions involve hard physical energy, great self-discipline and strict training rules. I further hereby represent that I have no knowledge of any physical conditions which will make me or my children unable to participate in class sessions. Recognizing and being aware of the above facts, the undersigned individually and for his successors, heirs, executors, administrators, and assigns, expressly assumes all risks of injury, resulting either directly or indirectly from the lessons, instructions, contests in this Karate program and hereby releases American Martial Arts Academy Inc., its employees and officers, the school district, and all of its employees, instructors, persons, firms or corporations of and from every claim, demand, right of cause of action of whatsoever kind of nature, for upon, or by any reason of any damage, loss, injury or suffering, which may be sustained because of such lessons, contests, classes, exhibition. I also agree that A.M.A.A. has the right to refuse class sessions to applicants who are disruptive or incapable of participating at general class levels.

Furthermore, in the event of a serious accident, and I cannot be reached immediately, I hereby authorize A.M.A.A. management, staff and/or instructors to act in my behalf for signing the necessary papers required for immediate medical attention. I further agree and consent that any pictures or videos taken or captured of me as a martial arts competitor, student or observer can be used for publicity or promotion in any fashion including publication or broadcasting on television, internet or other mass media by American Martial Arts Academy. I also waive compensation thereto.

X

Signature of Student (Parent or Guardian if student is under 18 years old)



Note: No Refunds After Second (2nd) Class Session
\$35.00 CHARGE FOR CHECKS RETURNED FOR INSUFFICIENT FUNDS

PLEASE DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

School Name: Lake Orion Clarkston

Session: Fall Winter

(Circle one)

Englewood

(Circle one)

Summer

\$

REGISTRATION
FEE

\$

UNIFORM

\$

TOTAL PAID

\$()

ANY BALANCE
OWED

PAID BY: _____

CASH

CHECK #

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by A.M.A.A. (Sponsoring Organization)

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Participant/Guardian Name Signature

Date

Date

Return this signed form to the sponsoring organization that must kept on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.