



AMERICAN ACADEMY OF MARTIAL ARTS

DATE _____ HOME PHONE _____

NAME _____ DATE OF BIRTH _____

ADDRESS _____ APT _____

CITY~ STATE~ ZIP _____

HOW LONG A PRESENT ADDRESS? _____

SOCIAL SECURITY # _____ - _____ - _____ DRIVERS LICENSE # _____

EMPLOYER _____ PHONE # (____) _____

POSITION _____ LENGTH OF TIME _____

IN CASE OF EMERGENCY, CONTACT _____

RELATIONSHIP _____ PHONE # (____) _____

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU _____

RELATIONSHIP _____ PHONE # (____) _____

Have you ever had any training in Martial Arts? _____ If yes, please explain: _____

How did you hear of us? Phone book () Flyer () Friend () Other ()

Does the prospective student have any known physical, mental, psychological or emotional challenges?

I hereby apply for Martial Arts lessons at the American Academy of Martial Arts. Upon acceptance, I agree to abide by the posted regulations governing safety courses of instruction and hereby represent to the above named academy that (I have/my child has) no physical infirmities or limitations which would affect the applicant's ability to participate in a physical sport such as martial arts. I hereby waive any and all claims against the academy, the owners, or it's instructors, that may arise out of any instruction or practice session in which (I/or my child) participate in and assume any risk incident to this activity.

Signature of Applicant if over 18

Signature of parent if under 18

The above and foregoing application has been approved and accepted by the AMERICAN ACADEMY of MARTIAL ARTS, this _____ day, of _____ 2001.