

EAST VALLEY MARTIAL ARTS
Child Student (age under 18) Application

In an attempt to better serve our student base and their families, we are generating this questionnaire and application form.

Student Name _____

Parent(s) Name(s) _____

Address _____

City _____ Zip _____

Home Phone # _____ Student Cell # _____

Parent Cell # (who _____) _____ Parent Cell # (who _____) _____

Additional Emergency # (who _____) _____

Student Age _____ Date of Birth _____

If you would like to receive the newsletter by e-mail (as an attachment) each month, please provide your e-mail address (also available at www.EVMA.net): _____

Reason for studying Karate (Please check all that apply): Fitness ___ Balance ___ Self Defense ___
Confidence ___ Hobby ___ Coordination ___

Your Reasons: _____

Other Sports/Physical Activities, Past or Present: _____

Other Martial Arts Studies: _____ If so, level attained: _____

Your Expectations of the Program: _____

What are your goals regarding our program? _____

Are there any physical limitations that would need to be considered before beginning this program? Please describe: _____

Are there any previous or recent injuries that we can be notified of before beginning or continuing in this program? _____

If so, a written release from your physician may be necessary.

General comments regarding areas not already discussed: _____

How did you hear of us? _____

I understand that Karate is a contact sport. As such, I am aware that my child is participating in an activity that involves physical contact and injuries may occur which may potentially involve bodily harm or loss, and I do so at my own risk. I waive any claim or cause of action I may have against Ryukyu Karate LLC, East Valley Martial Arts, Horne Commerce Center, their owners, instructors, fellow students, guest instructors, or agents that may arise out of participation in this program. I further agree to indemnify and hold harmless said people from any and all causes of action or claims that may arise from said people due to my child's participation in this program. I state that my child does not suffer from any physical harm or conditions that may affect participation in this program. I understand that for the safety of my child (3 through 12 years old) I will not drop my child off for class more than 15 minutes before my child's class time, and I will be sure my child is picked up within 15 minutes of the scheduled end of class.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Print Name _____