



## ENROLLMENT APPLICATION

Student Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**If the above student is under the age of 18 please fill out the below section.**

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Who may we contact in case of an emergency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Dynamic Martial Arts Family Center reserves the right to dismiss any student, at any time, for misconduct of actions which may convey a bad image of Dynamic Martial Arts Family Center, or may endanger other students.

I hereby acknowledge that Dynamic Martial Arts Family Center is not responsible for any injury suffered on the premises. The undersigned assumes all the risk inherent and incidental to this type of sports activity as a condition for enrolling in this martial arts program

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby state that I am a legal guardian for the above referenced child and acknowledge the information on this form on his/her behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_