



Madison Combined Martial Arts Association



Student Name _____

Address _____ City _____

State _____ Zip _____ Phone # _____

Email _____

Age _____ DOB _____ Grade Level _____

Medical Concerns / Medication _____

Prior Martial Arts Experience: YES NO Length of Practice _____

Rank _____ School Name _____

Parent/Guardian Name _____

Phone Number _____ Work/ Cell# _____

Email _____

Preferred Method of Contact _____

Person Responsible for Payments _____ Phone # _____

OFFICE USE ONLY

Just Trying _____ Date Enrolled _____ Class Enrolled _____

Membership Rate _____ Annual Dues Paid _____

Student Waiver

I (Parent/Guardian if under 18) _____.

state that the information I have provided is true and correct to the best of my ability. I hereby request to enter training with Richard Fike and the Madison Combined Martial Arts Dojo and in doing so understand and accept all liability from any injury that may occur. I will not hold Mr. Fike or any appointed instructor/staff of the training facility responsible for any injury, or damaged/missing property while I voluntarily attend any/all training sessions. I understand what is involved when training in any Martial Art and understand that due to the nature of this physical training, it is possible to sustain injury while participating in this aggressive activity. I accept this possibility with the knowledge that it will be physically demanding and will require me and/or my parents/guardians to determine my own physical limitations for continued training. I also understand that during training it is common for close contact between students/teachers that may make some students feel uncomfortable. It is the student's/parent's responsibility to advise the teachers before class if this is a problem. In the effort to maintain discipline and safety in the school, I give all teachers permission to use whatever proper verbal and /or physical force necessary to control or restrain my child if/when he/she becomes unruly. I further state that my child or I have no physical illnesses, injuries, or diseases that could be aggravated by my participation in the martial arts or that could be dangerous to others in class.

Signed

Date

Parent or Guardian (If student is under 18)

Date