

# T'AI CHI at MOJO DOJO

# REGISTRATION

## STUDENT INFORMATION

Name \_\_\_\_\_ M / F Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ M / F Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell (\_\_\_\_)\_\_\_\_-\_\_\_\_ E-Mail \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## EMERGENCY CONTACT - we do not give out any phone #'s, addresses or e-mail addresses

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell (\_\_\_\_)\_\_\_\_-\_\_\_\_ E-Mail \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell (\_\_\_\_)\_\_\_\_-\_\_\_\_ E-Mail \_\_\_\_\_ Occupation \_\_\_\_\_

### How did you find out about T'ai Chi at Mojo Dojo?

Referred by a friend - Who may we thank? \_\_\_\_\_

Online research    Walk-by    Direct mail    Facebook    Building sign    Special flyer    Demonstration

MOJO DOJO birthday party    Yelp/Review    Tri-fold    Other (Please specify) \_\_\_\_\_

Have you ever studied the Martial Arts before?    Yes    No

If so, how long? \_\_\_\_\_ What Style? \_\_\_\_\_ Where? \_\_\_\_\_

Beginners and Intermediate students are encouraged to participate twice weekly.

Will you attend classes an average of once per week?    Yes    Tues (beginning)    Thurs (beg. + intermed)   FEE: \$85 / mo

Twice per week? (both Tuesday 10-11 am & Thursday 10-11 am)    Yes   FEE: \$95 / mo

Will you make time to practice at home at least a few minutes every day?    Yes    No

### Learning Objectives:

Self Defense    Confidence    Sport    Socialize

Discipline    Physical Conditioning    Weight Control    Meditation/Relaxation

### Friends who may also be interested in T'ai Chi:

Name \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY

The undersigned student or parent/guardian understands the risk of studying T'ai Chi/Martial Arts and hereby releases MOJO DOJO KARATE, all instructors and all other students of MOJO DOJO KARATE, for any and all liabilities for any type of injuries or loss sustained while training, studying, practicing, or in the application of Martial Arts. The undersigned also states that he/she is in good physical condition and knows of no reason why he/she cannot study and participate in Martial Arts. The undersigned understands that MOJO DOJO KARATE does not offer refunds. In the event of an emergency, I hereby authorize any licensed medical personnel to perform any accepted medical procedure deemed necessary and agree to bear the expense of any such treatment. I authorize publication of student photographs. The use of such photographs will be limited to the MOJO DOJO KARATE website and its related online or print marketing publications.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date