

POWELL'S MARTIAL ARTS ACADEMY

APPLICATION FOR ENROLLMENT

MR.

MISS.

MRS.

FULL NAME: _____

FIRST

MIDDLE

LAST

DATE OF BIRTH (mth) _____ (day) _____ (year) _____

ADDRESS: _____

COMPLETE MAILING ADDRESS _____

CITY: _____ PROVINCE: _____ POSTAL CODE _____

PHONE NUMBER: _____ CELL NUMBER: _____

EMAIL ADDRESS _____

EDUCATION _____

OCCUPATION: _____

MEDICAL DISABILITIES: _____

I HEREBY AGREE THAT POWELL'S MARTIAL ARTS ACADEMY OR IT'S INSTRUCTORS AND OR STUDENTS WILL NOT BE HELD RESPONSIBLE FOR ANY INJURIES CAUSED DURING PRACTICE OR OUTSIDE OF PRACTICE AREAS, TO ONESELF OR TO OTHERS AND THAT NO LEGAL ACTION IS ALLOWED TO BE TAKEN AGAINST POWELL'S MARTIAL ARTS ACADEMY OR ITS INSTRUCTORS OR OWNER. OR LANDLORD OR AFFILIATED ASSOCIATIONS. P.M.A.A. AND GRANDMASTER JUSTIN POWELL MAY USE VIDEO OR PHOTO FOOTAGE TAKEN DURING PRACTICE SESSIONS AT HIS OWN DISCRETION TO BE POSTED OR USED FOR PUBLICATION PURPOSES.

NO REFUNDS! ALL CLASSES MISSED ARE CONSIDERED FORFEITED

DATE BEGAN MARTIAL ARTS (mth) _____ (day) _____ (year) _____

STUDENT'S SIGNATURE

PARENT'S SIGNATURE