

**LEGACY AMA REGISTRATION & ENROLLMENT FORM**

PLEASE PRINT

Full Name: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

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

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

Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

If a referral, who?: \_\_\_\_\_

**List any health or physical concerns or any previous injuries that the instructor should be aware of:** \_\_\_\_\_

***NOTICE: American Martial Arts strongly encourages that all applicants obtain a physical examination from their doctor prior to attendance in any exercise or martial arts class.***

**ANY ACTIVITY WHICH INVOLVES THE MARTIAL ARTS MAY, AS IN ANY SPORT, CAUSE ACCIDENTAL INJURY.**

I, (student) \_\_\_\_\_, hereby apply to Legacy American Martial Arts for martial arts instruction. If accepted, I agree to pay all fees as required by Legacy American Martial Arts. In recognition of possible injury connected with physical activity, I hold Ms. Jena Bushéy, Mr. Jack Smail, Legacy American Martial Arts, its staff and the owner of the school facilities and equipment thoroughly and entirely harmless from any and all claims of any nature. In case of emergency, I hereby authorize Ms. Jena Bushéy, Mr. Jack Smail, or their representative to secure emergency medical care.

On behalf of myself or the above named minor, I waive, release and discharge any claims arising out of or relating to the use of photographs and/or audio or video recordings made at Legacy American Martial Arts or at any event participated in by Legacy American Martial Arts in which I or the above named minor may feature.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Parent or Guardian - if student is under 18

Waiver \_\_\_ Belt Size \_\_\_ Entered \_\_\_ Attendance Card \_\_\_ MA \_\_\_ Email \_\_\_