

True Power Martial Arts, Inc. New Student Enrollment Form

Location _____

Date of Enrollment ____/____/____

Student: _____

Address: _____

City: _____ Phone (____) ____-____

E-mail Address: _____

School or Employer: _____

Grade: _____

Present Age: _____ Birth Date: ____/____/____

Height: FT _____ IN. _____ Weight: _____

If under 18, info below and Parents consent and signature is required

Father's Name: _____

Employer: _____ Phone (____) ____-____

Mother's Name: _____

Employer: _____ Phone (____) ____-____

PLEASE READ AND SIGN THE FOLLOWING WAIVER

The understanding shall hereby comply with all liability regulations set forth by the Board of Commissioners of the above named Location and the True Power Martial Arts, Inc.. The location and the True Power Martial Arts, Inc. assume no responsibility for injuries or loss of personal property while participating in this program or the use of the location's facilities. It is recommended that anyone enrolled in this program should make provisions for liability coverage within their family medical coverage.

Signature of Adult: _____

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Grade: _____

Present Age: _____ Birth Date: ____/____/____

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