

DATE: _____ SPONSOR'S NAME: _____

STUDENT'S NAME: _____ AGE: _____ BIRTHDATE: _____

STUDENT'S NAME: _____ AGE: _____ BIRTHDATE: _____

PARENTS - MOTHER: _____ FATHER: _____

ADDRESS: _____

PRIMARY PHONE NUMBER: _____ SECONDARY: _____

EMAIL ADDRESS: _____ MARTIAL ARTS EXPERIENCE: _____

In consideration for my attendance and participation in the martial arts training offered by Urban Revolution Martial Arts LLC, I, the student/ parent, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve the school, management, assigned staff, and fellow students from any liability resulting from loss, whether personal belongings or bodily injury. I also hereby state, that myself or my child is physically fit to take the prescribed course of instruction and do so of my own free will in exchange for an agreed upon fee. I understand there is a no refund policy on any monies I will pay to Urban Revolution Martial Arts LLC. I also give permission for the use of all recordings made inside the academy and waiving the right to any compensation from future use of recordings.

SIGNATURE: _____ DATE: _____

WHAT SPECIFICALLY WOULD YOU LIKE YOUR CHILD TO ACCOMPLISH IN OUR MARTIAL ARTS PROGRAM?

SCHOOL: _____ GRADE: _____ TEACHER: _____

TYPE OF STUDENT HONOR AVERAGE NEEDS ADDITIONAL HELP

OTHER ACTIVITIES/SPORTS: _____

DOES YOUR CHILD HAVE ANY MEDICAL CONCERNS? _____

SELF-CONFIDENCE

SELF-ESTEEM
ASSERTIVENESS
PRIDE

PHYSICAL FITNESS

WEIGHT CONTROL
STRENGTH & FLEXIBILITY
COORDINATION

SELF-DISCIPLINE

CONCENTRATION
SELF-CONTROL
INTEGRITY

SELF-DEFENSE

SAFETY
CONFIDENCE
AWARENESS