STUDENT INFORMATION CARD

AC	GP	PC	DVD	BD	ACT	NSL	FILE	DATA

STUDENT INFORMATION

Name _____

Age _____ Date of Birth _____ ☐ Male ☐ Female

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

School / Occupation _____

Grade / Employed By _____

PARENT/GUARDIAN INFORMATION (If Applicable)

Mother's Name _____

Address _____

Phone _____

Occupation _____

Work Phone _____ Emer. No. _____

Father's Name _____

Address _____

Phone _____

Occupation _____

Work Phone _____ Emer. No. _____

E-mail Address

_____

_____

LEARNING OBJECTIVES:

☐ Sport
☐ Fitness
☐ Concentration
☐ Academic Achievement
☐ Leadership Skills
☐ Self-Esteem
☐ Self-Discipline
☐ Self-Defense
☐ Self-Confidence
☐ Self-Control
☐ Family Activity
☐ Kickboxing
☐ To Instruct
☐ _____

How Did You Learn About Evolution Martial Arts?

☐ TV (channel _____)
☐ Radio (station _____)
☐ Present Member (_____)
☐ Door Hanger
☐ Gift Certificate
☐ Internet
☐ Yellow Pages
☐ Demonstration (_____)
☐ Newspaper (_____)
☐ Magazine (_____)
☐ Other (_____)

Comments:

LIABILITY WAIVER

In consideration of my attendance and participation in martial arts classes, tournaments and special events offered by Evolution Martial Arts, I, _____ _____, the student, and or my parents/guardians, acknowledge the existence of certain inherent risks in this type of educational program and hereby agree to assume all risks myself. The undersigned understands that Evolution Martial Arts will not be held liable for any losses, accidents or injuries and agrees to hold harmless and indemnify fully Evolution Martial Arts, its management, staff, student assistants and volunteers from any and all losses, accidents or injuries incurred while engaged in activities sponsored by Evolution Martial Arts. The undersigned does further agree that should any claim arise from any loss, accident or injury asserted against Evolution Martial Arts, the undersigned shall defend such claim and pay the cost of such defense including attorney's fees and shall promptly pay any judgment in favor of or against Evolution Martial Arts.

I also state that, except for the health concerns listed in the box below, I am physically fit to participate in this course of instruction and do so of my own free will in exchange for a fee, which I agree to pay in a timely basis, and that Evolution Martial Arts may use my/my child's picture for display and promotional purposes.

Students under 18 years of age must have parent or guardian sign on their behalf.

Signature: _____ Date: _____

HEALTH CONCERNS: