



GEORGETOWN MARTIAL ARTS Co. LLC

Waiver of Liability and Application for Enrollment

Student Name _____ Home Phone: _____

Address: _____ Emergency Phone: _____

_____ Work Phone: _____

Date of Birth: _____ Age: _____ M/F: _____

Parents' Names (If student is under 18 years of age): _____

Email address: _____

Emergency contact: Name: _____ Phone: _____

Do you have a police record? Yes No

How did you hear about us? _____

Georgetown Martial Arts Co. LLC reserves the right to dismiss any student, at any time, for misconduct which may convey a bad image of our Center or may endanger other students.

I understand that there may be a risk of injury associated with participation in the activities conducted by the Georgetown Martial Arts Co. LLC and waive any and all claims of liability against Georgetown Martial Arts Co. LLC their employees and affiliates, related to or arising from any such injury. The undersigned assumes all risks inherent and incidental to this type of sports activity as a condition for applying for admission to the Center and gives the Georgetown Martial Arts Co. LLC permission to procure medical attention as needed. Please note any conditions:

Signature of applicant (if 18 years of age or older): _____

Date: _____

I hereby state that I am a legal guardian for the above referenced applicant and acknowledge the information on this form on his/her behalf.

Signature of parent or guardian: _____ Date: _____