REIS' MARTIAL ARTS ACADEMY

<u>APPLICATION FOR ENROLLMENT</u> (PLEASE PRINT)

STUDENT'S LAST NAME	
FIRST NAME	
DATE OF BIRTH	CURRENT AGE GENDER
MAILING ADDRESS: STREET	
CITY	ZIP CODE
TELEPHONE NUMBER	
EMAIL ADDRESS	
PREVIOUS MARTIAL ARTS TRAINI	
IF YES, WHERE?	
ANY KNOWN MEDICAL CONDITION	NS? YES NO
IF YES, PLEASE DESCRIBE	
AGREEMENT	
The undersigned, in consideration of being given instruction in the martial arts of Tae Kwon Do, and being allowed to watch, practice, exercise, demonstrate, or otherwise participate in said martial arts or given instruction in the Reis' Martial Arts Academy L.L.C. of Marshfield, Wisconsin; do hereby irrevocably, personally, and for his heirs, assigns and legal representatives, release and waive any and all past, present, and future claims, demands and causes of action which the undersigned now has or may in the future have against Reis' Martial Arts Academy L.L.C., and any and all officers, employees, agents, instructors, and/or assistant instructors of the Reis' Martial Arts Academy L.L.C., for any and all past, present, and future injuries received as a spectator, participant, contestant or in any other manner or form taking part in the exercise, practice and/or demonstration of said martial arts while on the premises of the Reis' Martial Arts Academy L.L.C. or other facilities utilized by Reis' Martial Arts Academy L.L.C.	
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Student Signature	Date
If the applicant is under 18 years of age, this application thereby be bound by all the terms of the application.	must be signed by his or her guardian or parent who will
Parent/Guardian Name (Print)	
Parent/Guardian Signature	Date