REIS'MARTIAL ARTS ACADEMY

APPLICATION FOR ENROLLMENT

NAME:		
(MIDDLE)		(FIRST)
MAILING ADDRESS		
(CITY)	(STREET) (ZIP CODE)	
TELEPHONE NUMBER	<u></u>	
DATE OF BIRTH		GENDER
PREVIOUS MARTIAL A	ARTS TRAINING? YES	NO
IF YES WHERE?		
ANY KNOWN MEDICA	L CONDITIONS ? YES	NO
IF YES PLEASE DESCR	RIBE	
	AGREEMENT	
exercise,demonstrate, or otherwise participal Wisconsin; does hereby irrevocably, persona future claims, demands and causes of action ,and any and all officers, employees, agents, i present and /or future injuries received as a s	spectator, participant, contestant or in any other n	s' Martial Arts Academy L.L.C. of Marshfield, wes, release and waive any all past, present and
or indirectly. On account of the occurrence harmless and defend, from any claims deman	action at law or in equity—to be brought, or permit of any of the aforesaid injuries against any of the al nds, or causes of action which may now or in the fut ile engaging in any of the aforesaid on said premises	foresaid parties,and agrees to save, indemnify, hold ture be asserted against the aforesaid parties
Dated	20	
If the applicant is under 18 years of a bound by all the terms of the application		r her guardian or parent who will thereby be
Dated	20	
	(parent of guardian sign	nature) (parent or guardian print)