

US ACADEMY OF MARTIAL ARTS, INC.

STUDENT'S LAST NAME _____ FIRST NAME _____ MI _____ PHONE: _____

PARENT'S LAST NAME _____ FIRST NAME _____ MI _____ E-MAIL: _____

STREET _____ CITY _____ STATE _____ ZIP _____

AGE _____ DATE OF BIRTH _____ DOMINATE HAND: RIGHT LEFT SEX M F

1. Why are you interested in learning Martial Arts? Please list in order of importance to you, numbering from 1 to 5:

- I want to learn to defend myself
- I want to gain self-confidence in my abilities
- I want to lose a little weight and strengthen my body
- I want to be involved in a beneficial athletic program
- I want to improve my self-control and self-discipline

2. How long have you wanted to study the Martial Arts? _____

3. Why did you decide to start today? _____

4. How did you hear about our studio? _____

5. Have you trained in Martial Arts before? _____

6. If you have any health problems, please list them: _____

Primary Physician: _____

FOR STUDENT ATTENDING SCHOOL

7. Our academic policy for a young Black Belt is a "B" average or better. If you are below a "B" average, you are required to bring your grades up to a "B" before you attain your Black Belt.

8. Did your child request this training, or is it something you believe will be of value for him/her?

INSTRUCTOR USE ONLY

4 WEEK TRIAL:

Start Date: _____ Source: _____
End Date: _____ CCG _____
Website _____
Amt Paid: _____ Student Ref. _____

Buyers Signature: _____ Date: _____

INSTRUCTOR EVALUATION:

Attitude _____ Desire _____
Confidence _____ Reaction _____
Flexibility _____ Balance _____
Coordination _____

Recommendation: _____ Instructor: _____ Date: _____



RATE YOUR CHILD IN THE FOLLOWING AREAS

	LOW	AVERAGE	HIGH
Self Esteem			
Self Confidence			
Aggressiveness			
Self Discipline			
School Grades			
Home Conduct			
Energy Level			

STUDENT PROFILE AND RELEASE

I understand that the training I receive at the US Academy of Martial Arts Inc is taught using all precautions to avoid any injuries. However, it may entail some risk of accident or injury and that this may be serious or even mortal as a consequence of participation.

I understand, along with the possible personal injury, injury to property is also possible, such as, but not limited to possible loss of wages and the ability to earn such wages.

With full knowledge of aforementioned dangers, both to my person and to my property (current and future), and after having these dangers fully explained to myself and/or my legal guardian:

_____ (Full Name of Legal Guardian)

I hereby certify and declare that I will release and forever hold free and discharge from any liability the US Academy of Martial Arts Inc and each of their agents, stockholders, directors, officers, employees and representatives of and from all claims, demands, rights and cause of action of any nature whatsoever which may hereafter accrue to me, arising from and by reason of any and all bodily or personal injury, damage to property or other loss and any consequence thereof, whether known or unknown, seen or unforeseen, resulting from my participation in the US Academy of Martial Arts, their persons and entities mentioned above.

Further, knowing and understanding these risks, nevertheless I hereby agree to voluntarily assume these risks and to release and hold harmless all the persons or entities mentioned above whom might otherwise be liable to me for damages. It is further understood that this waiver, release and assumption of risk is forever binding in my heirs and assigns. I also understand and acknowledge that I have and will maintain appropriate medical insurance during classes/training.

I am also aware that at times filming, video or photographs may be taken of me during classes/training. I hereby grant the US Academy of Martial Arts Inc the unlimited use of my likeness in any format video/DVD for promotional advertisement or commercial use in any format know or yet to be developed in perpetuity and I forfeit any form of payment. It is further understood that I will not film or photograph any classes/training without prior permission from the US Academy of Martial Arts Inc.

My signature on this document is evidence that I know and understand and have had this document explained to me, that I fully understand that there are inherent in this martial art training and I voluntarily certify that I will not hold US Academy of Martial Arts Inc, Daniel Cavaliere, Mary Cavaliere, their agents and/or assigns, responsible for any injury whether as a result of training or not. In addition, I agree to the policies applied for all students of the US Academy of Martial Arts at the time of registration and future changes implemented.

Print Student Name

Print Parent or Guardian's Name

Parent or Guardian's Signature (if under 18)

Date