



ABHAYA

MARTIAL ARTS ACADEMY

Name: _____

Full Address: _____

Date of Birth: D/M/Y _____ Age: _____

Best Phone#: _____ Email: _____ *

Emergency Contact: _____

Emergency Contact Phone#: _____

Additional Medical Information _____

How did you hear about Abhaya Martial Arts Academy?

FaceBook Website Friend _____ Google(Search Engine)

Flyers Other _____

I, _____, understand that Martial Arts/Strength & Conditioning are dangerous activities that involve inherent risks of serious injury or death. With full knowledge of the risks involved in Martial Arts/Strength & Conditioning, I expressly assume all the risks of harm to myself arising from participation in these activities.

I, _____, give full permission to Abhaya Martial Arts Academy to use my name, photo, & likeness for any group photos, ads, or marketing material that may be produced with no right to inspect or approve said material.

***My e-mail may be used for club newsletters and promotional e-mails.**

Signature: _____ Date: _____

Parents Signature (If under 18): _____