

**Master Lockman's Black Belt Academy**

NAME:

HOME PHONE:

ADDRESS:

OFFICE PHONE:

CITY: \_\_\_\_\_, MI

CELL PHONE:

POSTAL CODE:

E-MAIL:

OCCUPATION:

BIRTHDAY:

How did you hear about us?

Have you ever done Martial Arts before?  Yes  No

If yes, When was the last time? \_\_\_\_\_ Where? \_\_\_\_\_ For how long? \_\_\_\_\_

What other activities are you currently involved in? \_\_\_\_\_

Do you have any health conditions or injuries we need to be aware of? Please explain:

\_\_\_\_\_

Why do you want to learn Martial Arts? Please select up to three reasons below:

Self Defense

Self Confidence

Fitness

To compete

Social Activity

Reduce Stress

Self Discipline

Fun

Boxercise

To learn Martial Arts

Other, please explain: \_\_\_\_\_

**ACKNOWLEDGEMENT AND RELEASE FORM**

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Choi Kwang-Do of SE Michigan LLC dba Black Belt Academy, representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Martial Art Classes, Self Defense Seminars and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of Choi Kwang-Do of SE Michigan LLC dba Black Belt Academy, representatives or agents. Please note: Participants must supply their own protective equipment.

The undersigned acknowledges that:

- He/She is desirous of using, as a member on a membership basis, the Martial Arts School herein referred to as "Choi Kwang-Do of SE Michigan LLC dba Black Belt Academy".
- He/She has received a completely executed copy of this agreement.
- He/She confirms that there were no verbal presentations other than those specified in this agreement.
- The waiver was read and he/she agrees to abide by it.

**If student is under age 19, please provide complete information below:**

Parent/Guardian Name:

Home Phone:

\_\_\_\_\_

Choi Kwang-Do of Dexter Representative

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature (if participant is under 19 years of age)