



MARTIAL ARTS ACADEMY

4595 Hypoluxo Road #5

Lake Worth, FL 33463

(561) 357-9862

www.mugendojo.com

Application for Enrollment

Name _____ DOB _____

Address _____ Phone _____

City _____ Zip _____ E-Mail _____

Occupation/Position _____

Emergency Contact _____ Phone _____

Are you under a doctor's care? ___Yes ___No (If Yes, please explain) _____

Physical Condition _____

Operations _____

Conditions _____

Previous Martial Arts training and grade obtained _____

Goals for Martial Arts practice _____

How did you hear about us? _____

RELEASE OF LIABILITY: WAIVER OF CLAIM

I, _____, do hereby release all persons associated with The Martial Arts Academy and Mu-Gen Karate-Do from all liability on and off said premises. I agree to accept all responsibility for any situation that may arise from practicing the martial arts during and after training. I fully understand the practice of martial arts requires strenuous activity, physical contact and inherent risks. I understand I have the responsibility not to do any action that may harm myself or others. In consideration of being allowed to participate, I assume full responsibility and waive all claims whatsoever.

Signature _____ Date _____

If under 18 years: Guardian Signature _____

Print Guardian Name _____

Witness _____