

# Innovative Martial Arts Registration Form



**Innovative**  
Martial Arts

Start Date \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Gender \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

## In Case of Emergency Contact

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Or  
Name \_\_\_\_\_  
Phone \_\_\_\_\_

How did you hear about Innovative Martial Arts Academy? \_\_\_\_\_  
\_\_\_\_\_

Please identify any known allergies or medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any previous martial arts experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that my participation in Martial Arts based activities entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Innovative Martial Arts Academy from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Innovative Martial Arts Academy's equipment or facilities, including any such claims which allege negligent acts or omissions of Innovative Martial Arts Academy.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(If Applicant under 18 years of Age)