

# BHA Martial Arts Program

Date: \_\_\_\_\_

Fill in this section only if you are the parent or legal guardian of my child or the following areas:

### Mental Benefits

- Focus
- Concentration
- Listening
- Discipline
- Character
- Motivation
- Obedience
- Leadership
- Self control
- Self Confidence
- Self Respect
- Determination
- Manage stress
- Respect for others

### Health Benefits

- Cardiovascular
- Muscle endurance
- Muscular strength
- Body composition

### Skill Benefits

- Agility
- Power
- Speed

## The Professional Black Belt School

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Student #2 \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone # \_\_\_\_\_

How did you hear about us?

Sign \_\_\_\_\_ Demo show \_\_\_\_\_ Internet search \_\_\_\_\_ Flyer \_\_\_\_\_

Birthday party \_\_\_\_\_ Referral (name) \_\_\_\_\_

Is Black Belt one of your goals? Yes \_\_\_\_\_ No \_\_\_\_\_

Which days are you available to work out? M T W T F S S

Do you have previous martial arts training? Yes \_\_\_\_\_ No \_\_\_\_\_

How long have you been interested in martial arts? \_\_\_\_\_

**WAIVER:** Signing this waiver releases the BHA Martial Arts Program, instructors, employees and owners from being held liable for any and all claims including the negligence of the BHA Martial Arts Program resulting in personal illness, accidents, injury (including death) and any property loss that may occur.

I, \_\_\_\_\_, hereby waive and agree not to sue BHA Martial Arts Program (including all owners, operators and employees) for any and all claims, including the negligence of the BHA Martial Arts Program.

I certify that I, for myself, and/or the legal guardian of the minor participant, am aware and agree that participating in martial arts involves a high risk of injury and I assume all risks relating to my and/or minor's participation in BHA Martial Arts Program.

I agree that I am freely signing this waiver, for myself and/or my minor, in order to participate in BHA Martial Arts Program.

\_\_\_\_\_  
Student Signature *if over 18*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date