

ROGUE VALLEY MARTIAL ARTS

Member: Universal Karate Assoc. of America and Western Pacific Tang Soo Do Assoc.

Name: _____ Age: _____
Address: _____ (if under 18)
City: _____ State: _____ Zip: _____
Phone (hm): _____ Phone (wk): _____
E-mail: _____

Have you ever trained in the martial arts before? YES NO

If so, what style or system? _____

Highest rank attained? _____

What are your interests and/or reasons for wanting to train in the martial arts? _____

How did you hear of us? _____

Signature: _____ Date: _____
(if student is under 18 years of age, parent or guardian's signature required)

WAIVER OF LIABILITY ♦ PLEASE READ!!!

By signing this agreement, student, or student's legal guardian acknowledges that Rogue Valley Martial Arts, Medford Judo Academy and any or all of their instructors shall be held harmless and will not be liable in the event of any injury attained while training with these organizations. Signor further acknowledges that training in any physical sport or discipline (such as the martial arts), while providing good physical fitness, may be strenuous to one's health and should be performed within the limits of one's own capabilities, and that the possibility of injury is always imminent. Student trains at own risk.

This Is NOT A Contract – Student And/Or Signor Is Not Bound To Any Financial Commitment By Execution Of This Application