

MADISON MARTIAL ARTS ACADEMY™ INC

REGISTRATION FORM



Name: _____.

Address: _____.

City: _____, **State:** _____.

Phone: _____, **S.S or DL #**_____.

Male: _____. **Female:** _____., **Age:** _____, **D.O.B.**_____.

Place of Employment: _____.

Ht: _____, **Wt:** _____.

STUDENT ENROLLMENT AGREEMENT

I understand that under the terms of this agreement, the school obligates itself to furnish me with competent Instructors and suitable facilities for teaching lessons. Qualified instructors personally trained in the procedures and traditions of the Martial Arts supervise all class sessions. The regular hourly tuition is \$20.00 per hour; however, a substantial discount has been provided to me by virtue of enrolling in a regular course.

The Student *hereby represents that he/she is physically fit to receive and participate in the prescribed course of Instruction.*

I will faithfully comply with all the rules and regulations of the School and the traditions of the Martial Arts.

I understand that my tuition is arranged to be made in monthly instalments and is not affected by my lesson schedule and/or attendance.

I understand that the School is closed on Public Holidays.

I further understand that failure to complete the course of training does not relieve me of my obligation to pay in full.

I understand and agree that the school will not be held liable for injuries, damages etc not caused by or resulting from the negligence of the owners, operators, employees or persons in charge of such establishment.

Signature

If under 18 Parents or Guardian

Training In the Martial Arts

Where Trained: _____.

Sensei / Teacher: _____.

Months: _____, Years: _____.

Belt Attained: _____. Rank: _____ Dan. _____ Kyu.

Teachers Rank: _____ Dan. System: _____, Style: _____.

Date Started: _____, Date Quit: _____.

Phone Number of School (Dojo) # _____.

Date: _____.

Signature
If under 18 Parents or Guardian

Signature of Sensei / Instructor
Examiner# _____ Instructor # _____

Grandmaster, Michael Neal
MADISON MARTIAL ARTS ACADEMY™ INC
CHINESE SHAOLIN KUNG-FU / KARATE
grandmasterneal@yahoo.com
<http://www.shaolin-mmaa.org>

Disclaimer of the Madison Martial Arts Academy, Inc

I, _____, Hereby Release Grandmaster Michael
Neal / the Madison Martial Arts Academy, Inc , Its Instructors, And all persons
associated with the events Karate Classes From any liability, Due to any
INJURIES that I may incur as a result of my attendance And / or participation in
the Martial Arts.

I clearly understand that the Martial Arts do involve bodily contact. I have read and understand, and agree to abide by the rules associated with the Madison Martial Arts Academy. Additionally, ***I*** am fully aware of my personal medical condition, and hereby certify that ***I*** am mentally and physically fit to participate in the Martial Arts...I further state that I am not enrolled in or participating with any other Dojo (School) or classes.

Your Signature
If under 18 Parents or Guardian

Sensei / Instructor

Examiner#_____ **Instructor #**_____

Grandmaster Michael W. Neal
MADISON MARTIAL ARTS ACADEMY, INC

Date of Today: _____ **Month,** _____ **Day,** _____ **Year**