

# Welcome to SMA

www.silvamartialarts.com 247-6811

STUDENT'S NAME: \_\_\_\_\_  
PARENT/GUARDIAN (if under18): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
POSTAL CODE: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_  
OFFICE PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ (please write clearly)  
BIRTHDAY(of student): \_\_\_\_\_

How did you hear about us?

Have you ever done Martial Arts before?  Yes  No

If yes, When was the last time? \_\_\_\_\_ Where? \_\_\_\_\_ For how long? \_\_\_\_\_

What other activities are you currently involved in? \_\_\_\_\_

Do you have any health conditions or injuries we need to be aware of? Please explain: \_\_\_\_\_

Why do you want to learn Martial Arts? Please select up to three reasons below:

Self Defense	Self Confidence	Fitness	Compete	Social Activity
Reduce Stress	Self Discipline	Fun	Cardio	learn Martial Arts

Other, please explain: \_\_\_\_\_

## ACKNOWLEDGEMENT AND RELEASE FORM

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Silva Tae kwon Do Black Belt Academy, representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Martial Art Classes, Self Defense Seminars and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of Silva Tae kwon Do Black Belt Academy, representatives or agents. Please note: Participants must supply their own protective equipment.

The undersigned acknowledges that:

1. He/She is desirous of using, as a member on a membership basis, the Martial Arts School herein referred to as "Silva Tae kwon Do Black Belt Academy".
2. He/She has received a completely executed copy of this agreement.
3. He/She confirms that there were no verbal presentations other than those specified in this agreement.
4. He/She may be photographed or filmed while attending at the premises of Silva Tae kwon Do Black Belt Academy and he/she gives permission to Silva Tae kwon Do Black Belt Academy, and any affiliates to use any and all photos, video footage, and/or video streaming for promotional, sales, publicity, and advertising purposes for all media including internet.
5. The waiver was read and he/she agrees to abide by it.

**If student is under age 18, please provide complete information below:**

\_\_\_\_\_  
Silva Tae kwon Do Representative

\_\_\_\_\_  
Print Name (Student/Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sign Name (Guardian if participant is under 18 years of age)