

American Academy of English Martial Arts Membership Registration

Date: _____

Name: _____ Age: _____ Phone #: _____

Date of Birth: _____ Sex (male or female) E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Student: () Yes () No School: _____

Employer: _____ Work Phone #: _____

What prompted you to visit our school?

Check Your Objectives: () Self-defense () Mental conditioning () To teach () Self-confidence () Lose weight () Health () Body conditioning () Sport or Hobby () Increase strength () Other

Have you had previous martial arts training? If yes, please name style, instructor, and the period of time you trained. _____

Is your health impaired or are you in any way handicapped? _____

Please read carefully the following fee schedules and procedures below:

Dues: \$50.00 per student per month (25% off additional family member) Tuition Payment Due by the 5th of the month. We do not probate dues for unattended classes or vacation time, unless otherwise noted by the instructor. Testing fees and special event fees are not included in these fees.

Registration Fee: \$50.00 per student (payable at the time of registration) This fee includes a quarter-staff and cudgel.

All fees are subject to change. All students and visitors must obey the rules and regulations of the training hall. No smoking is allowed in the building. Food and Drinks are allowed only in designated areas. Students are not allowed outside the building except with the instructor's permission.

I/We have read, understand and will comply with the above procedures, rules and fees, and will read & sign the release on the back of this form:

Signature: _____ Date: _____

(Parent or guardian if under 18)

Student Signature: _____ Date: _____

Agreement and Release

The undersigned student, legal guardian of the student, or parent (s) of the undersigned student, hereby release the American Academy of English Martial Arts and Westminster Presbyterian Church, Christopher L. Myers and any and all instructors, supervisors and employees or agents of the above named persons, including but not limited to, the owner of the building wherein the event may occur, from any and all liability or any injury a student may receive, of any type whatsoever, while frequenting the practice rooms and premises of the American Academy of English Martial Arts or while participating in any activities sponsored by the American Academy of English Martial Arts.

I hereby accept total responsibility, recognizing that this is a highly risky contact sport and activity which necessarily involves physical blows to the body intended to cause injury, and do hereby hold above named parties harmless and release them of all responsibilities for any injuries sustained by me.

I further agree to hold the above parties harmless from any responsibility for injuries resulting from the normal, malicious, or defensive use of the techniques taught and/or applied before, during or after any training or practice sessions.

I hereby agree as follows:

1. To take care at all times to avoid injury to myself and fellow students during practice.
2. I promise to never use this knowledge except to avoid personal injury or harm.
3. No horse play in school; use only prescribed techniques.
4. I will wear the class uniform, unless otherwise noted by the course instructor.
5. No jewelry, gum, or sharp objects allowed on the school floor.
6. No smoking or profanity.
7. Signs and notices to be observed and followed.
8. Please be on time for classes.
9. I am in good health or have medical approval to engage in the self-defense, weapons, and physical fitness training. I further assume all risks that are part of and incidental to this training program.
10. Should my physical health or mental condition ever change, I will notify the instructor immediately.

I have read, understood, and will obey comply with the above rules and regulations.

Parent or Guardian's Signature
If under 18 years of age

Student's Signature

Date: _____