



# Welcome to Cross Martial Arts Academy

The Way of the Life Champion!

crossmartialartsacademy.com

(360) 813-2323

NAME: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 POSTAL CODE: \_\_\_\_\_  
 EMERGENCY CONTACT: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_  
 BIRTHDAY: \_\_\_\_\_  
 BIRTHDAY: \_\_\_\_\_  
 BIRTHDAY: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_  
 EMERGENCY CONTACT # \_\_\_\_\_

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       To compete       Social Activity
- Reduce Stress       Self Discipline       Fun       To 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 Cross Martial Arts 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 other activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of Cross Martial Arts 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 "Cross Martial Arts 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 Cross Martial Arts Academy and he/she gives permission to Cross Martial Arts 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.

\_\_\_\_\_  
Cross Martial Arts Academy Representative

\_\_\_\_\_  
Athlete signature or Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian name (if participant is less than 18 years of age)