



Free Evaluation Karate Course - Injury Liability Waiver

Student Name _____

Co-Signer _____

(Parent or Legal Guardian if under 18 years of age) Please Print Name Here

Student or Co Signer Home PH# _____ Cell Phone# _____

How did you hear about us? _____

The undersigned agrees to take and **Brockton Uechi-Ryu Karate Academy** agrees to teach A **FREE EVALUATION COURSE** of
__ Uechi-ryu Karate Do. __ Mixed Martial Arts __ Brazilian Jujitsu __ Chanbara __ Women's Self Defense Course

This program is (__) **FREE EVALUATION CLASSES** beginning _____

Dates Classes Taken _____ , _____

_____ and _____

A.) I understand that under the terms of this agreement, the **Brockton Uechi-ryu Karate Academy** obligates itself to furnish me with competent instruction and suitable facilities for teaching lessons. Qualified personnel trained in the procedures and traditions of the martial arts supervise both class sessions.

B.) Student hereby represents that he/she is physically fit to take the prescribed class of instruction.

C.) Student understands that strict observation of the rules and regulations relative to training may include the use of protective equipment required by the institute. This equipment will largely eliminate the possibility of accident or injury; however, the Institute does not warrant the protective equipment.

D.) Student understands that during the course of instruction, employees of the **Brockton Uechi-ryu Karate Academy** and/or other students or authorized persons will be engaged in a course requiring physical contact; he/she gives full consent to such contact as is required by the training.

E.) I understand and agree that the **Brockton Uechi-ryu Karate Academy** will not be held liable for any injuries, damages, and etc. *not* caused by or resulting from the negligence of the owners, operators, or persons in charge of such establishment, or their agents, servants, heirs, employees or students of said establishment.

F.) I understand that this is a one time only offer.

G.) Being a guest of the school, I will faithfully comply with all the rules and regulations of the school and the traditions of the martial arts.

H.) I understand that the **Brockton Uechi-ryu Karate Academy inc** is not responsible for lost or stolen items. I bring these items into the facility at my own risk.

I.) I understand my rights as stated above.

Student Signature or Parent or Legal Guardian (if under 18 years of age) _____

DATE _____

Accepted By - Director or Certified Instructor _____

Office Use Only

Brockton Uechi-ryu

Karate Academy

Application for Enrollment or Trial
508-631-6687 Membership Dept.

Name		Birth date: / /	
Address			
City		Zip Code	
Home Phone		Home E:Mail	
Cell Phone			
Place of Work			
Work Phone			
Spouse's Name			
Address			
City		Zip Code	
Home Phone		Home E:Mail	
Spouse Cell Phone			
Spouse Place of Work			
Spouse Work Phone			
Child 1	Birthdate	SS#	
Child 2	Birthdate	SS#	
Child 3	Birthdate	SS#	
Children Live with: (Circle) Mother Father Both Grandparent(s) Foster Parent Other			
Has anyone taken Karate Lessons Before?		If Yes, Where?	
Anyone have physical disabilities?		If Yes, Who?	
Anyone have ADD ADHD ODD			
I have been convicted of a crime: YES NO		I will sign a release form for a background check YES NO	
How did you hear about us? Direct Mail, Location, Website or Search Engine, Newspaper, Verizon Book, Yellow Book, LocalTel, Student Referral, Flyer, Demonstration, Door Hanger, Business Contact, Other Karate School, Lead Box, Postcard, TV or Radio			
I would like to try a free class _____		I would like to try an Introductory Course _____	
I would like to take the free beginner course _____		I would like to sign up today _____	
I would like to enroll in: (Circle all that apply) Adult Karate, Children's Karate, Adult Brazilian Jujitsu, Kid-Jujitsu, Adult Mixed Martial Arts Weapons, Adult Chanbara, Junior Chanbara, Women's Self Defense, Afternoon Classes, Evening Classes, Saturday Class, Mixed Class, 1 Afternoon and 1 Evening, 1 Evening and 1 Saturday, 1 Afternoon and 1 Saturday, 3 Classes a week, 4 classes a week, 5 Classes a week			
			Social Security #
Student Signature or Parent or Legal Guardian if under 18 Years of Age			