

BIRTHDAY

Guest Information Form

Welcome to **The Martial Arts Center.**

Please fill out the form below so that we may get to know you better.

If you have any questions please feel free to ask.

Name of Participant: _____ Age: _____

Phone (Best Contact Number): _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

The undersigned hereby acknowledges the existence of certain risks in this type of training and agrees to assume all risks and responsibility. He/she further relieves The Martial Arts Center, Inc., Michael Hernandez, assigned instructors, and any other person or persons acting on their behalf, of all liability resulting from personal injury or loss of personal property. The undersigned further stipulates that he/she is physically sound and that he/she has medical approval to proceed with this type of training & will provide their own health/accident insurance. The undersigned agrees that this release shall remain in force indefinitely from the date above.

Parent (Print Name)

Parent (Sign Name)

***Please list all allergies or medications currently taking, surgeries, or other pertinent medical conditions.**