

## REGISTRATION FORM: (Please complete and return this form and payment to the school. All payments are non-refundable)

## Saturday, May 20th, 2023

Name:		
	_ Gender:	
Height:	(	(for weapons sizing)
Address:_		
Home Pho	ne:	
Work Phon	ie:	
E-mail Con	tact:	
Fees: (che	,	\$90 seminar and weapon
(E Members:	_\$65	\$80 seminar and weapon)
precautions to instructions to instruction dualified personne activities involve or recognize these riscenter Programs arelease, discharge from all liability for from his/her presentend programs a	are that programs and activation a safe and responsible ertain risks and include, busks and agree to assume the and participate in these properties and agree to indemnify Eldamage, injury, or illness the at Elite M.A. Center Programs.	erstand that Elite M.A. Center take reasonable vities at Elite M.A. Center Programs are conducted by manner. However, I further understand that these at are not limited to martial art class. I, the undersigned, hese risks by allowing my child to attend Elite M.A. ograms. I, as parent or guardian of a student, hereby lite M.A. Center its directors, officers and employees to the students or his/her property relating to or deriving rograms. I understand that by allowing my child to enter, I agree to allow the use of photographs or images.
Signature(Parent's or	Guardian's Signature is re	equired for 17yrs and younger)
Date		