

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

Saturday, May 18th, 2024

Name:		
	Gender:	
Height:		(for weapons sizing)
Address:_		
Home Pho	one:	
Work Pho	ne:	
Fees: (che	in control of the same	\$95 seminar and weapon
(E Members:		\$85 seminar and weapon)
precautions to insqualified personn activities involve recognize these recognize these release, discharg from all liability for from his/her presattend programs	sure that programs and acti- tel in a safe and responsible certain risks and include, bu- risks and agree to assume to and participate in these pro- te and agree to indemnify E or damage, injury, or illnessi- ence at Elite M.A. Center P	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, these 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 i.
Signature_ (Parent's c	or Guardian's Signature is re	equired for 17yrs and younger)
Date		