

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

Saturday, May 18th, 2024

Name:		
Age:	_ Gender:	EMA student:YN
Height:	((for weapons sizing)
Address:_		
Home Pho	ne:	
Work Phor	ne:	
E-mail Cor	ntact:	
Fees: (che	•	\$95 seminar and weapon
(E Members:		\$85 seminar and weapon)
precautions to insiqualified personne activities involve crecognize these ricenter Programs release, discharge from all liability for from his/her preseattend programs a	uardian of a student, I undure that programs and activel in a safe and responsible ertain risks and include, busks and agree to assume that participate in these program agree to indemnify Edmage, injury, or illness that at Elite M.A. Center Page 2015.	erstand that Elite M.A. Center take reasonable vities at Elite M.A. Center Programs are conducted by a 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
	Guardian's Signature is re	equired for 17yrs and younger)
Date		