

Axé Martial Arts and Fitness
New Student Registration Form

General Information (Please print)

Last Name: _____ First Name: _____ Date of Birth (DD/MM/YY): _____

Phone #: _____ Email: _____

Address: Street _____ City _____ Province _____ Postal Code _____

Emergency Contact Name: _____ Phone #: _____ Relation: _____

Class(es) interested in taking: _____

How did you hear about us? Please choose an option below.

Online Ad Website Facebook Deal Voucher (type?) _____ Referral (who?) _____

Other: _____

Health Information

Do you have any allergies? **Y / N** If **yes**, please list: _____

Do you have any medical conditions or recurring injuries that may affect/limit your participation in physical activities including, but not limited to; running, jumping, and striking pads with your hands and/or feet? **Y / N**
If **yes**, please explain in the space provided below.

Health Card #: _____

Consent and Waiver

"I _____, am participating in classes at Axé Martial Arts and Fitness and I am aware that these classes may involve strenuous physical activity including, but not limited to, cardiovascular conditioning, interval training, endurance training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my present and subsequent participation is purely voluntary, and was in no way mandated by Axé Martial Arts and Fitness."

"In consideration of my participation in this program, I _____, hereby release Axé Martial Arts and Fitness and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment."

"I fully understand that I may injure myself as a result of my enrollment and subsequent participation in these classes, and I, _____, hereby release Axé Martial Arts and Fitness and its agents from any liability now or in the future for any conditions that I may obtain. These conditions include, but are not limited to, heart attacks, muscle strains, muscles pulls, muscle tears, broken bones, shin splints, heat prostration, knee injuries, back injuries, foot injuries or any other illnesses or soreness that I may incur."

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

_____ Print name

_____ Participant's signature _____ Date (DD/MM/YY)

_____ Legal Guardian's Signature (if under 18 years old) _____ Date (DD/MM/YY)

Office use only:

Member ID: _____

Enrollment Date: _____

Staff Initials: _____