

**True Power Martial Arts, Inc. New Student Enrollment Form**

Location \_\_\_\_\_

Date of Enrollment \_\_\_\_/\_\_\_\_/\_\_\_\_

Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-mail Address: \_\_\_\_\_

School or Employer: \_\_\_\_\_

Grade: \_\_\_\_\_

Present Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: FT \_\_\_\_\_ IN. \_\_\_\_\_ Weight: \_\_\_\_\_

**If under 18**, info below and Parents consent and signature is required

Father's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

***PLEASE READ AND SIGN THE FOLLOWING WAIVER***

The understanding shall hereby comply with all liability regulations set forth by the Board of Commissioners of the above named Location and the True Power Martial Arts, Inc.. The location and the True Power Martial Arts, Inc. assume no responsibility for injuries or loss of personal property while participating in this program or the use of the location's facilities. It is recommended that anyone enrolled in this program should make provisions for liability coverage within their family medical coverage.

Signature of Adult: \_\_\_\_\_

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Location \_\_\_\_\_

Date of Enrollment \_\_\_\_/\_\_\_\_/\_\_\_\_

Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-mail Address: \_\_\_\_\_

School or Employer: \_\_\_\_\_

Grade: \_\_\_\_\_

Present Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: FT \_\_\_\_\_ IN. \_\_\_\_\_ Weight: \_\_\_\_\_

**If under 18**, info below and Parents consent and signature is required

Father's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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Signature of Adult: \_\_\_\_\_