

BLACK DRAGON MARTIAL ARTS ACADEMY, LLC

Name: _____ D.O.B.: _____

Address: _____ State: _____ Zip Code: _____

Email: _____

Occupation: _____

Home Phone: _____ Work Phone: _____

Parent or Guardian Name (s) (If Under 18):

Are there any special conditions or limitations which should be brought to the attention of the instructor? No | Yes

Please Describe:

Have you ever studied Martial Arts? No | Yes

Style: _____ Rank: _____

How did you hear about the studio?

Phone Call | Walk-In | Lead Box | Flyers | Website | Newspaper | Friend | Street Sign | Radio | Promo

Please Circle Class: Karate | Kick Fit Boot Camp

This studio reserves the right to dismiss without refund, any student, at any time, for misconduct as a member of Black Dragon Martial Arts Academy, LLC. The student and signer of this agreement acknowledge that the studio, Dan Jenkins, or any affiliate are not responsible for any injury and by this agreement, the undersigned assumes all risks inherent in and incidental to this type of sports activity as a condition of admission. Please understand that this is only a pre-application. If you choose to enroll as a student you will sign a separate agreement through our billing company, A.S.F. BDMAA does not cancel these agreements until they are fulfilled as they are processed by our billing company A.S.F.

I hereby agree to the terms herein and acknowledge that the above statements are true.

Signature: _____ Date: _____