



# CLASS REGISTRATION AND STUDENT INFORMATION / WAIVER

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_

Guardian (if student under 18): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred Method of Communication (closures / changes):  Phone  Text Message  E-mail  Facebook

Any Previous Martial Arts Training?  Yes  No

Any Interest in Sparring and/or Tournaments?  Yes  No

Any Physical Limitations or Concerns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

## WAIVER, RELEASE AND HOLD-HARMLESS

I, the undersigned, being over the age of eighteen (18) years hereby waive, release and forever hold harmless Kaizen Karate & Self-Defense, LLC, and each of its present or former employees, agents, officers, directors, shareholders, predecessors, successors, insurers and assigns, of and from all injuries, claims, demands, liabilities, or the like relating to any matter or circumstance from the participation of the above named student(s) in martial arts instruction, performance, tournaments, implementation or practice at any location. I do authorize the use of the above named student's image in pictures, videos or other promotional material.

## PAYMENT POLICY AND REFUNDS

I understand that Kaizen Karate & Self-Defense, LLC, utilizes a credit card auto debit (Monthly Auto-Pay) process for recurring class dues. I also understand that Kaizen Karate & Self-Defense, LLC, does not give credits and/or refunds for classes missed due to holiday, vacation, illness, bad weather, etc. Missed classes can be made up at a future, mutually beneficial time agreed upon by the student, his or her guardian, and the instructor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use: REG: \_\_\_\_\_ APSU: \_\_\_\_\_ GS: \_\_\_\_\_ OTHER: \_\_\_\_\_