

# Lee's Martial Arts Family Fitness Center

DEVELOP THE POWER OF POSITIVE THINKING

## Registration Form

Students Name	Age	Birthday
Students Name	Age	Birthday
Parent Or legal Guardians Name		
Address	City	Zip Code
Home Phone #	Work Phone#	
Cell Phone #	Email	
Occupation (parent or Legal Guardians Occupation if Minor)		
<b>In Case of emergency Contact:</b>		
Name	Relationship	
Home Phone	Work phone	
<b>Are there any Health Problems or Food Allergies that we should be aware of?</b>		

### What are your reasons for taking classes?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Decrease body fat | <input type="checkbox"/> Increase energy | <input type="checkbox"/> Decrease stress        |
| <input type="checkbox"/> Fun               | <input type="checkbox"/> Tone up         | <input type="checkbox"/> Improve flexibility    |
| <input type="checkbox"/> Self-defense      | <input type="checkbox"/> Focus           | <input type="checkbox"/> Balance & coordination |

I release the owner, operator, and instructors of Lee's Martial Arts Academy from any liability for any damages arising out of any injury of any sort or nature suffered by the undersigned participant ( or parent or legal guardian if the participant is under the age of 18) by reason of his or her participation or membership in any classes or lessons in activities of said school. No refunds or missed classes may be made up without prior arrangement.

Academic School \_\_\_\_\_

\_\_\_\_\_  
Signature of Student, Parent, or Legal Guardian

\_\_\_\_\_  
Date