



NORTH COUNTY MARTIAL ARTS

7750 El Camino Real, Ste B-1 | Carlsbad, CA 92009 | 760-814-2283

Trial Days

Four empty boxes for trial days

### Student Application

Form with fields: Student's Name, Age, School Attended, Date of Birth, Parent - Mom - First/Last, Parent - Dad - First/Last, Street Address, City / Zip, Mom Cell, Dad Cell, Home Ph, Email

Please X which of the following benefits are most important for you / your child to receive by your participation in our program(s):

- Self-Defense Skills, Focus & Concentration, Self-Discipline, Respectful Attitude, Confidence, Fitness / Conditioning, Weight Loss, Perseverance

How / Where did you hear about us:

- Passing by Studio, From a Friend, Online Search, Added a Birthday Party, Attended an Event, Other:

Payment Method: Cash, Check, Card

Bank: Name on Account:

Routing #: Account #:

Credit Card #: Exp: CVS:

Name on Card:

In consideration of being allowed to enter any class, event, party or program at North County Martial Arts, the undersigned on his or her behalf or on behalf of the minor identified above, acknowledges and agrees to the following conditions: I hereby release and hold harmless North County Martial Arts, it's officers, members, agents, employees and other participants from all claims, injuries, liabilities or damages arising from or related to participation in any of our classes, activities, events or programs. I am aware of the inherent risks of injury associated with participation in North County Martial Arts programs and knowingly and freely assume all such risks.

Signed (Student if an Adult): Date:

Signed (Parent / Guardian): Date: