



TUSCALOOSA MARTIAL ART / BUJINKAN TAKA SEIGI DOJO

• GUEST/STUDENT REGISTRATION •
(PLEASE COMPLETE FRONT & BACK)

Guest's/Student's Name

Date of Birth

Address

City, State, Zip Code

Occupation or School Attending

Current School Grade

Area Code and Phone

Email Address

Legal guardian's signature

Date

Who to contact in case of emergency

Area Code and Phone

What do you hope to achieve through your training?

How did you hear about us? (please circle those that apply)

Website Flyer Business Card Friend

Other: _____

For those with previous Martial Arts experience:

Martial Art Style: _____ Rank: _____

Instructor's Name: _____ School Location: _____

Reason for Leaving: _____

Martial Art Style: _____ Rank: _____

Instructor's Name: _____ School Location: _____

Reason for Leaving: _____



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GENERAL RELEASE

(Read Carefully Before Signing)

I wish to undertake Bujinkan Dojo Self Defense/Martial Arts training at the Tuscaloosa Martial Art/Bujinkan Taka-Seigi Dojo, Tuscaloosa, Alabama. I certify that I am 18 years or older, or that my legal guardian has signed below to allow me to attend. I certify that I am in good health. I understand that martial art training is inherently dangerous and I knowingly and willingly assume all risk of injury or other damage associated with such training.

I release all teachers, students, and other parties from any claim of any and all liability that may result from injury received, and I hereby waive all claims that I, or anyone else on my behalf, may make with respect to such injury or damages. I agree for myself and my successors that the above representations are contractually binding, and are not mere recitals, and that should I or my successors assert my claim in contravention to this agreement, I or my successors shall be liable for the expenses including but not limited to, legal fees incurred by the other party or parties in defending unless the other party or parties are adjudged finally liable on such claim for willful and wanton negligence. This agreement shall not be construed as a modification of any other provision, or as consent to any other subsequent waiver or modification.

I also understand that any moneys paid, including, but not limited to, training tuitions, memberships, and/or equipment, once paid are non-refundable, without exception.

Who to contact in case of emergency

Area Code and Phone

Significant allergies, illnesses, disabilities, or other relevant medical information

Applicant's printed full name

Date

Applicant's signature

Legal guardian's printed full name

Area Code and Phone

Legal guardian's signature

Date

Witness Name (please print)

Area Code and Phone

Witness Signature

Date