

***New Enrollee: Dragons Martial Arts Studio, Inc.  
Adult Application***

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***1st Student's Information:***

Male  Female

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Date of birth: \_\_ / \_\_ / \_\_ Age: \_\_\_\_\_

***2nd Student's Information:***

Male  Female

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Date of birth: \_\_ / \_\_ / \_\_ Age: \_\_\_\_\_

Home address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Your Spouses Name ( *If Applicable* ) : \_\_\_\_\_ Occupation: \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Your Cell Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you in good health with no physical problems or limitations?  Yes  No, If not, please explain in space below:  
\_\_\_\_\_

Previous Martial Arts Experience:  No  Yes If Yes, please explain: \_\_\_\_\_

How did you learn about **Dragons Martial Arts Studio, Inc.**? **90% of our new students are referred by other happy students.**  
If by referral, who referred you to **Dragons Martial Arts Studio, Inc.**? By: \_\_\_\_\_  
If not, by  Cable Commercial  Walk-in  Gift certificate  Special ads  Other, Please explain: \_\_\_\_\_



Find DMA on Facebook : *Dragons Martial Arts Studio* \*Your Facebook name : \_\_\_\_\_



Fallow DMA on Twitter : *dmastudio* \*Your Twitter name : \_\_\_\_\_



E-mail DMA : *dragonsma@gmail.com* \*Your E-mail : \_\_\_\_\_

**Continue on the back .....**

Will you be living in this area at least 12 months? Yes No  
Can you commit to at least 30 minutes (twice a week) of practice at home? Yes No

If you are accepted into our program, are you mentally prepared to follow the rules and philosophy of Martial Arts discipline?  
Yes No

Upon your acceptance as a student in our program, the undersigned student/parent/guardian understands that the student will be assigned a student identification number and that the students name and likeness (picture) may be posted in the photo-gallery and other sections of the **Dragons Martial Arts Studio, Inc.** website ([www.dragonsmartialarts.com](http://www.dragonsmartialarts.com)), exhibited on the premises of **Dragons Martial Arts Studio, Inc.** and/or used by **Dragons Martial Arts Studio, Inc.** for any other purpose without compensation to the student or the undersigned parent/guardian.

Signed \_\_\_\_\_

**Release from Liability in the Event of Injury**

The undersigned student/parent/guardian acknowledges that he/she knowingly understands and assumes, on his/her own behalf all the risks of the student studying and training in the Martial Arts. By enrolling yourself for Martial Arts Training with **Dragons Martial Arts Studio, Inc.** and **Little Dragons Karate** and signing in the space provided below, the undersigned student/parent/guardian agrees to and does hereby, on his/her own behalf knowingly releases **Dragons Martial Arts Studio, Inc.** and **Little Dragons Karate** and all its instructors and all other students of **Dragons Martial Arts Studio, Inc.** from any and all liabilities for any type of injuries (including death) or loss sustained by the student while training, studying, practicing, performing and/or participating in any Martial Arts or Karate exercises or demonstration. The undersigned also states that they are in good physical condition and knows of no reason why they cannot study, train or participate in the Martial Arts program offered by **Dragons Martial Arts Studio, Inc.** The undersigned also understands that **Dragons Martial Arts Studio, Inc. does not provide a refund** (partial or otherwise) in the event the student is unable to complete any Martial Arts training that has been pre-paid or that the student has started.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact & Consent to Medical Treatment**

In case of emergency, contact \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Is anybody else be allowed to pick up your child from this center? No Yes, If yes please give us the names and contact info:

**In the event of an emergency**, the undersigned parent/guardian of the child does hereby authorize any licensed medical personnel to perform any accepted medical procedure and/or treatment deemed necessary and reasonable under the circumstances and also agrees to bear the expense of any such medical procedure and/or treatment.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

*Congratulations on your decision for you to take the first step not only in becoming a **Black Belt**, but to be successful in everything he/she does!*

**Welcome to Dragons Martial Arts Studio, Inc.**

