



Registration Form

Student Name: First _____ Last _____

Date of Birth: ___/___/_____

Address _____

City _____ Zip Code _____

Cell Phone _____ Home Phone _____

E-Mail _____

If student is a minor, please complete the following

Father's Name _____ Cell Phone _____

Mother's Name _____ Cell Phone _____

****Arise Martial Arts strongly recommends that prospective students consult a physician BEFORE beginning any strenuous physical activity.***

CIRCLE ALL THAT APPLY:

Any Physical Handicaps? Yes/No If Yes, Explain:

High Blood Pressure? Yes/No If Yes, Explain:

Heart Disease? Yes/No If Yes, Explain:

Lung Disease? Yes/No If Yes, Explain:

Asthma? Yes/No If Yes, Explain:

Recent Operations? Yes/No If Yes, Explain:

Other? Yes/No If yes, Explain:

If Yes to any above, physician's name _____

Physician Phone _____

In case of emergency call _____

Relationship to student _____

Phone _____

By _____ Date _____

Student's Signature

By _____ Date _____

Parent or Guardian if a minor

****Registration is COMPLETE when the following is submitted (due by Sunday, August 31st):**

- *Registration form*
- *Liability form completed and signed*
- *First month's tuition of \$20*
- *One-time registration fee of \$75 (non refundable)*