

# **MOUNT MANSFIELD MARTIAL ARTS**

## *Membership Registration*

*(please print clearly)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student & Parent E-Mail Address: \_\_\_\_\_

Emergency Contact (Name/Phone): \_\_\_\_\_

Parent(s) Name(s) if minor: \_\_\_\_\_

Previous Martial Arts Experience: \_\_\_\_\_

How did you hear about MMMA? \_\_\_\_\_

What is your main reason for joining MMMA? \_\_\_\_\_

Please list any health or medical concerns. (including medications / allergies / health conditions)

**Please List The Programs That Will Be Attended -** (if more space is needed please indicate on additional sheet)

Class/Day/Location (ex. Karate Kids /Thursday/ Studio)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

### **Seminar / Special Event**

Please indicate event type and date(s): \_\_\_\_\_

**Camp** – please indicate the camp dates: \_\_\_\_\_

**Session Start Date:** \_\_\_\_\_

\_\_\_\_\_ **One Class Per Week:**

\_\_\_\_\_ **Unlimited Classes Per Week:**

\_\_\_\_\_ **Unlimited Classes Family Special:** (Unlimited classes for all immediate family members)

**Amount Due:** \_\_\_\_\_ *Please make checks payable to Mount Mansfield Martial Arts*

**Tuition** - Payment is due within the first two weeks of a new session. A \$20 late fee will be charged after the second week and the student will not be permitted in class until full payment has been made. If a payment plan is needed, please contact Mount Mansfield Martial Arts.

**Pro-rating** - Classes may only be pro-rated for late incoming students.

**Testing Fees** - Testing fees for solid belts are due prior to testing.

**Missed Classes** - Make up sessions for missed classes may or may not be permitted and will be decided upon by the discretion of the Director/Instructor. Make up classes must be done within the session that the missed class occurred.

**Student Dismissal** - Mount Mansfield Martial Arts reserves all rights to dismiss any student at any time for misconduct or actions which may convey a bad image of Mount Mansfield Martial Arts.

**Supervision** - Mount Mansfield Martial Arts is not staffed to monitor unchaperoned students before or after student's class time. If a student is under 10 years of age, parents/caregiver should remain with their student until class time begins.

- Mount Mansfield Martial Arts reserves the right to use any testimonial, name, picture, image, or likeness thereof in promotional material including but not limited to newspaper articles, brochures, posters and school website pages.

- The Mount Mansfield Martial Arts curriculum, logo, name, documents, worksheets, videos and any other materials or information presented by Mount Mansfield Martial Arts are property thereof and cannot be used or presented to others for profit or self promotion.

### **Release Of Liability & Assumption Of Risk**

I wish to use the facilities and equipment and engage in activities with Mount Mansfield Martial Arts. I also wish to allow guests and my child or children and other minors to use the facilities and equipment and engage in activities. Use of the word "I" in this document means and includes me individually and as a parent, guardian, or supervisor on behalf of such a child or children, minor, or guest.

I am aware that using the facilities and equipment and engaging in activities with Mount Mansfield Martial Arts involve risks of injury, illness (including but not limited to: influenza, MRSA, COVID-19), disability or death. I hereby assume all risks and accept full responsibility for any such injury, illness, disability, or death.

I attest that I am physically fit without any medical or health problems or that I have received permission from a doctor to engage in physical activity. I have arranged for medical insurance coverage and such life insurance as I deem necessary or advisable.

I hereby release and absolve Mount Mansfield Martial Arts and all employees, agents, officers, directors, and other persons involved in any way with Mount Mansfield Martial Arts from any and all liability for injury, illness, disability, death, or loss incurred by me or any such children, minors, or guests using the facilities and equipment and engaging in activities with Mount Mansfield Martial Arts. I covenant not to commence any such lawsuit or take any other proceeding or action against Mount Mansfield Martial Arts or any employees, agents, officers, directors, and any other persons. I understand that by signing the Release of Liability and Assumption of Risk, I am waiving substantial rights, and I do so voluntarily with full knowledge of the significance of this document.

Signature (adult) \_\_\_\_\_ Date \_\_\_\_\_

Print Name (minor) \_\_\_\_\_ Date \_\_\_\_\_