



STUDENT INFORMATION

Date: _____ Program: _____

Student's Name: _____ Age: _____ Birthdate: _____

Student's Name: _____ Age: _____ Birthdate: _____

Parents: _____ Uniform Size(s): _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Office/Cell: _____

In consideration for my attendance and participation in the martial arts training offered by Colberg's ATA Martial Arts Center & Karate for Kids, I, the student/parent, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve the school, its management, assigned staff and fellow students from any liability resulting from loss, whether personal belongings or bodily injury. I also hereby state, that I or my child is physically fit to take the prescribed course of instructions and do so of my own free will in exchange for an agreed upon fee. I understand there is no refund policy on any monies I pay Colberg's ATA Martial Arts Center & Karate for Kids. By signing this release form, I give Colberg's ATA Martial Arts Center & Karate for Kids the permission to take pictures of my child/children at Testings, Tournaments, and Special ATA Events, to upload to our website, eagleata.com. I also give permission to license the images and to use the images in any media for any purposes, which may include, advertising, promotion, marketing, and packing for any product or service. I agree that the images may be combined with other images, text and graphics and cropped, altered, or modified.

Signature: _____ Date: _____

What specifically would you like to accomplish in our martial arts programs?

*Please circle all that apply

Discipline Self-Defense Confidence Physical Fitness
Courtesy Focus Respect Other _____

School: _____ Grade: _____ Teacher: _____

What other Activities/Sports: _____

Does the participant have any medical concerns that we should be aware of? _____

How did you hear about our school? _____