

Professional Martial Arts Membership Information

Please fill out information and return it to an instructor when complete.

Date: _____

Name
(Student): _____

Parent(s) Name (if applicable): _____

Home Address: _____

City, State, Zip: _____

Email Address(es): _____

Home Phone: _____ Mobil: _____

Date of Birth (Student): _____

Areas of Interest

(Please check the areas that interest you most)



- Improve Coordination
- Learn Self-Defense Skills
- Lose Weight
- Increase Confidence
- Increase Self-Discipline
- Enhance Athletic Performance
- Learn Martial Arts Skills
- Tone and Strengthen
- Cardiovascular Endurance

Operator Not Liable – The Customer acknowledges that the course consists of strenuous physical exercise from which he/she may suffer personal injury. The Customer agrees to forever relieve and hold harmless the Operator; its employees, instructors, and other Customers from any and all liability or damages resulting from personal injury whether or not due to the negligence of the Operator. I further agree to let Professional Martial Arts use any pictures or video taken during class or events to use for marketing purposes.



Signature Date
(In case of minor – Parent Signature required)

Program(s): Aikido Karate Fitness Kickboxing Zumba