

# Peter Liciaga's Christian Karate Program

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ How did you hear about this program? \_\_\_\_\_

Child 1 Name \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Child 2 Name \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Child 3 Name \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Child 4 Name \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Additional children/family members use back of application)*

Parents Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Carrier:  Verizon  T-Mobile  Sprint  Other: \_\_\_\_\_

Email Address \_\_\_\_\_

Have you ever participated in Martial Arts before? Yes No

If yes, when was the last time? \_\_\_\_\_ Where? \_\_\_\_\_ For how long? \_\_\_\_\_

What other activities are you currently involved in? \_\_\_\_\_

Do you have any health conditions or injuries we need to be aware of? Please explain: \_\_\_\_\_

Why do you want to participate in Martial Arts? Please select up to three reasons below:

- |               |                 |         |                       |
|---------------|-----------------|---------|-----------------------|
| Self Defense  | Self Confidence | Fitness | Social Activity       |
| Reduce Stress | Self Discipline | Fun     | To learn Martial Arts |

Other, please explain: \_\_\_\_\_

### ACKNOWLEDGEMENT AND RELEASE FORM

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Peter Liciaga, representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Martial Art Classes, Self Defense Seminars and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of Peter Liciaga, representatives or agents. Please note: Participants must supply their own protective equipment.

The undersigned acknowledges that:

1. He/She is desirous of using, as a member on a membership basis, the martial arts program herein referred to as Peter Liciaga's Christian karate program.
2. He/She has received a completely executed copy of this agreement.
3. He/She confirms that there were no verbal presentations other than those specified in this agreement.
4. He/She may be photographed or filmed while attending any event of Peter Liciaga's Christian karate program and he/she gives permission to Peter Liciaga and all his affiliates to use any and all photos, video footage, and/or video streaming for promotional, sales, publicity, and advertising purposes for all media including internet.
5. The waiver was read and he/she agrees to abide by it.

\_\_\_\_\_  
Liciaga's Karate Academy, Inc. Rep

\_\_\_\_\_  
Parent/Guardian Signature

**For office use only**

Tuition paid by:      Cash                      Check                      Visa                      MasterCard

Drop in Christian Karate Program	Introductory Agreement	Entered in MAO
Observer	Seminar/Workshop	Appointment scheduled
Drop in Martial Arts Class		Entered by: _____