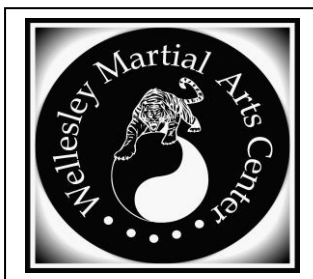


40 Abbott Road  
Wellesley, MA 02481  
(617) 605-7678  
wellmac40@gmail.com



85 Canterbury Hill Road  
Acton, MA 01720  
(617) 605-7678  
actonmac85@gmail.com

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## STUDENT APPLICATION

Little Ninjas (ages 2.5-5)

Juniors (ages 11-17)

Children (ages 6-10)

Adults (ages 18 & above)

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Student's Name:    First  Last

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Address: Street  Town  Zip Code

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Phone: Home  Cell/pager  Email

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Student's date of birth  Height  Weight

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Person to contact in case of an emergency: Name  Relationship

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Address  Phone #

Do you have any medical condition that may affect your progress? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Reason for signing up? \_\_\_\_\_

How did you hear about the Martial Arts Center? \_\_\_\_\_

The student signing this acknowledges that instruction in the martial arts requires physical contact and that a student may be unavoidably injured. The staff strongly recommends receiving permission from a medical doctor following a general physical examination approving the student's participation in martial arts training. The student also waives any course of action or claim against The Martial Arts Center or The Wellesley Martial Arts Center, LLC; its owners employees or volunteers for any injuries received resulting from instructional or camp services rendered.

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Parent/Guardian/Student Name  Signature  Date

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Instructor Name  Signature  Date