

WELLESLEY MARTIAL ARTS CENTER

40 Abbott Road, Wellesley, MA 02481

Wellmac40@gmail.com

(617) 605-7678

STUDENT APPLICATION

Little Ninjas (ages 2.5-5)

Juniors (ages 10-17)

Children (ages 6-9)

Adults (ages 18 & above)

Student's Name: First Last

Address: Street Town Zip Code

Phone: Home Cell/pager Email

Student's date of birth Height Weight

Person to contact in case of an emergency: Name Relationship

Address Phone #

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

If yes, please explain _____

Reasons for Signing up _____

How did you hear about the Martial Arts Center? _____

The student or parent signing this application 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.

Parent/Guardian/Student Name Signature Date

Instructor Name Signature Date