

# De Zilva Martial Arts & Sciences Registration Sheet

## Personal Information (Please print)

Student name: \_\_\_\_\_  
(First name) (Last name)

Student DOB (DD/MM/YY): \_\_\_\_\_

If applicable, parent/guardian Name(s): \_\_\_\_\_

Home address: \_\_\_\_\_

Daytime contact number: \_\_\_\_\_

Email: \_\_\_\_\_

## In case of emergency contact

Name / Phone number: \_\_\_\_\_

## Allergies

\_\_\_\_\_

**Any previous experience with martial arts?** (include current belt obtained)

\_\_\_\_\_

## Please select your preferred fee payment schedule:

- Monthly membership with amount enclosed: \$ \_\_\_\_\_
- 6 month membership with amount enclosed: \$ \_\_\_\_\_
- Yearly membership with amount enclosed: \$ \_\_\_\_\_

## My signature below permits the following:

- I / my child will participate in the full range of program activities.
- Photographs and/or video to be taken during class time / activities.
- The use of photographs and/or video in online and/or print promotional *De Zilva Martial Arts & Sciences* material. (Your name / child's name and personal information will not be identified or indicated.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

De Zilva Martial Arts & Sciences conducts classes with the utmost attention to safety; however, the student and parent(s)/guardian(s) of student(s) realize that in all physical activity there is a chance of injury. In recognition of the possibility of accident, injury or death connected with martial arts training, the student and parent(s)/guardian(s) of student(s) waive any right or cause of action of any kind arising as a result of such activity from which liability may or could accrued to the school, its officers, agents, employees, and/or instructors.