

KIDS KRAV MAGA: SELF DEFENSE COURSE REGISTRATION FORM

STUDENTS NAME: _____

STUDENTS BIRTHDAY: ____/____/____ AGE: _____

PARENT(S) NAME: _____

PARENT'S EMAIL ADDRESS: _____
(Preferred one; please print **clearly**)

ADDRESS: _____
Street Apt. #

City Zip Code

PHONE #'S: _____
(Emergency Contact) Cell Home Work

How/where did you hear about Krav Maga San Diego/us? _____
(i.e. which internet search engine; flier's location; magazine/newspaper name, etc.)

ASSUMPTION OF RISK: WAIVER

Assumption of Risk: Waiver. The parent has read this waiver. The child (minor) is enrolled in the Kids Krav Maga Self Defense Class. Parent understands that child has been admitted to the current class and all future classes based in material part on this Assumption of Risk: Waiver. Parent has been fully informed of the nature of the class and the physical danger thereof. Parent accepts all risks and agrees to hold Krav Maga San Diego, Inc.; Dana Ben Kaplan; San Diego Combat Center; San Diego Combat Club, LLC; Drew Goodwin; Benjamin Halcewicz; the instructors; assistant instructors; and all other members of the class and their parents harmless from all liability, injury, and damages in connection with participation in all Krav Maga classes, workouts, and exams.

Fees are Non-refundable.

PARENT'S NAME: _____

PARENT'S SIGNATURE: _____

WITNESS: _____ DATE: _____
(we can sign/witness in class)

Please list any medical conditions that would reasonably require a doctor's release for strenuous activity:

**Checks must be made out to: Krav Maga San Diego, Inc.
and mailed to: KMSD, Inc., PO 13453, La Jolla, CA 92039-3453**

Office use only

Check #									
date									
amnt									