Krav Maga San Diego – Poway:
REGISTRATION FORM

NAME: _____

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

PHONE: _____
(at least one) home cell

ADDRESS: _____
street apt. #

_____
city zip code

*How/where did you hear about **Krav Maga San Diego** ?* _____
(i.e. which internet search engine; name of referrer, etc.)
*Why did you choose **Krav Maga San Diego** ?* _____

ASSUMPTION OF RISK: WAIVER

I hereby enroll in the **Krav Maga San Diego – Poway** Self Defense Course. I understand that I have been admitted to the current class and all future classes based in material part on this Assumption of Risk: Waiver. I have been fully informed of the nature of the class and the physical danger and risks thereof. I accept all risks and agree to hold **Krav Maga San Diego**, Inc.; **Krav Maga San Diego - Poway**; Dana Ben Kaplan; Benjamin Halcewicz; Drew Goodwin; San Diego Combat Center, LLC.; the instructors; assistant instructors; and all other members of my class harmless from all liability, injury, and damages in connection with my participation in all **Krav Maga** classes, workouts, and exams.
I will not be promoting/marketing other krav maga programs. All fees are non-refundable.

Payment Method (*please check one of the following*):

Check/Money Order enclosed _____ **PayPal** _____

Class Level: Beginning _____ Intermediate _____

$50 Discount Applied: LE (armed) ___ Active Duty Mili (armed) ___ FF___
$25 Discount Applied: Mili Dependant _____ Under 18 year-old's ___ (age: ____)
(Please check one **if applicable**)

Check here if you are also a currently registered **KMSD** student at the JCC location: _____

Checks (with <u>your</u> name listed) are made out to: "Krav Maga San Diego, Inc."
and, mailed to: "KMSD, Inc.; PO Box 13453; La Jolla, CA 92039-3453"

I have read this registration/release and agree to its terms.
STUDENT'S SIGNATURE: _____
WITNESS _____ DATE: _____
(we can sign this as your witness upon receipt)
PARENT'S SIGNATURE: _____
(Required if student is under 18 years of age) **If you're under 18, please list your AGE**: _____

Office use only

Check #									
Date									
Amount									