KRAV MAGA SAN DIEGO: SELF DEFENSE COURSE
REGISTRATION FORM (8 wk. course at the JCC)

NAME: _____

EMAIL ADDRESS(ES): _____
(one or more; please **print clearly**)

PHONE: _____
(at least one) home cell

ADDRESS: _____
street unit. #

_____
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** 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.; Dana Ben Kaplan; 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** _____ Cash _____

Discount, if applicable: Mili (armed) ___ Mili Dependant ___ LE (armed) ___ FF ___

(please check one **if applicable**) JCC member___ < 18yo___ Recent Women's Seminar___

Checks/M.O.s *(with YOUR name)* are *made out* to: "Lawrence Family JCC"
and *mailed* to: "KMSD, Inc.; PO Box 13453; La Jolla, CA 92039-3453"

I have read this registration/release and agree to it's 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) **Age** of student **if under** 18: _____

Office use only

Check #									
Date									
Amount									