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** / us?* _____
*(i.e. which internet search engine; **flier's location**; magazine/newspaper name, etc.)*

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 thereof and have seen a demonstration of some of the techniques and risks. 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.

Discount, if applicable: Mili ___ Mili Dependant ___ LE ___ FF ___
(please check one if applicable) JCC member ___ < 18yo___ Recent Women's Sem. ___

Payment Method (please check one of the following):

Check/Money Order (enclosed) _____ **PayPal** _____ Cash _____

Checks/M.O.s (with YOUR name) 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 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) Age of student if under 18: _____

Office use only

Check #									
Date									
Amount									