

Personal History



Name: _____ D.O.B _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Gender: _____

Email Address: _____

First Parent Name & Phone Number (if under 18): _____

Second Parent Name & Phone Number (if under 18): _____

Emergency Contact Name & Phone #: _____

How did you hear about us? _____

What classes interest you? Taekwon-Do Krav Maga Self-Defense Weapons Other

Any Medical Problems/Medications? _____

Any Allergies or Allergy Medication? _____

Any Restrictions? _____

I hereby give my permission to Jenks Martial Arts Academy to have myself or my child treated in case of emergency.

Jenks Martial Arts Academy urges all members to obtain a physical examination from their physician prior to participation in any Martial Arts class. In recognition of the possible dangers connected with any physical activity, member(s) hereby knowingly and voluntarily waive any right or course of action of any kind whatsoever arising as the results of such activity from which any liability may or could occur to above named school, its officers, employees, instructors.

Name: _____ Signature: _____ Date: _____