



WEST SHORE
ACADEMY OF MARTIAL ARTS

Student Application

Date _____

Student Information

Name _____ Age _____ Date of Birth _____

Cell phone (optional for minor) _____ Secondary phone (optional) _____

Email (parent's email if student is a minor) _____

Address _____

City _____ State _____ Zip code _____

Employer _____ Work phone (optional) _____

Emergency Contacts (provide at least one, the first one listed will be considered the primary emergency contact)

Name _____ relation _____ cell _____

Name _____ relation _____ cell _____

Name _____ relation _____ cell _____

How did you hear about us?

- Referral (name) _____
- Sign
- Website
- Local event _____
- Goggle "near me"
- Other _____

Which classes are you interested in?

- Children's Martial Arts
- Adult Marital Arts
- Homeschool Martial Arts
- Fitness Kickboxing
- Private Lessons
- Other _____

Which of these Martial Arts benefits interest you?

- Self-Defense
- Self-Discipline
- Self-Control
- Confidence
- Getting along with others
- Stress Relief
- Fitness/weight loss
- Other _____

What (if any) sports or physical activities do you or your child participate in now?

Do you have any medical problems that the instructors should be aware of?

- No
- Yes (list) _____
- _____
- _____

Waiver

I, _____, hereby acknowledge that Jung Sim Do Martial Art, Inc. is not responsible for any injuries suffered while on these premises. I have chosen to participate in the Jung Sim Do Martial Art, Inc. (JSD) program of progressive physical exercise. I hereby waive any claim I may have at any time against JSD regarding any personal injury or damage I may suffer or incur by such participation. I have been advised that such participation in JSD's martial arts and exercise program may result in: abnormal blood pressure, fainting, disorders of the heartbeat, rare instances of heart attack, broken bones and tissue and muscle tearing. I hereby accept these risks. To my knowledge, I do not have any limited physical condition or disability that would preclude my participation in JSD's martial arts and exercise program and further, certify that I have fully and accurately completed all forms submitted to me by JSD intended to disclose any such limiting physical condition or disability.

I understand that it is advisable for me to obtain a physician's approval for participation in a progressive exercise/martial arts program. I fully understand the strenuous nature of the program. I accept the complete responsibility for my health and well-being in the voluntary exercise/martial arts program and related testing. I understand that no responsibility is assumed by JSD or the leaders of the exercise/martial arts program.

Student signature (Parent or guardian if student is under 18 years of age)

Date

Media Release

West Shore Academy of Martial Arts (WSAMA) uses different media in order to promote the school as well as to celebrate the accomplishments of our students. This includes, but is not limited to: the WSAMA website, Facebook, posters, flyers, and school bulletin board. Please select from the following:

- I do NOT give permission for WSAMA to use pictures nor names in any form of media postings.
- I give permission for WSAMA to use pictures for media postings.
- I give permission for WSAMA to use names for media postings.

Student signature (Parent or guardian if student is under 18 years of age)

Date

For Office Use Only

Student start date: _____

Database: Date entered: _____ Entered by: _____