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* Indicates Required Field

*Today's Date: _____ *Student's Name: _____

*Student's DOB: _____ *Age: _____ *M or F *Parent's Name(s): _____

*Street Address: _____ *City: _____ *Zip: _____

*Email: _____

*Phone (primary/best): _____ (Emergency Contact): _____

*Do you know anyone who trains with us? Yes/No If yes, Who? _____

*How did you hear about us? (circle all that apply):

Drive By – Family Life – Yellow Pages – Online – Event – Referral – Bday Party – School – Other: _____

*Are there any physical ailments/limitations that may interfere with your training or that we should be aware of? Yes/No If yes, please explain: _____

*Any allergies or special conditions we should know of? _____

Have you tried martial arts before? Yes/No If yes, when? _____ Where? _____

How long? _____ What rank did you attain? _____

What school do you currently attend? _____

What other sports/activities are you currently involved in? _____

*Please circle which attributes are important to your training:

Self Defense - Self Confidence - Leadership - Competition - Fitness - Perseverance - Flexibility - Discipline – Respect –
Coordination – Attention Span - Other: _____

**Schafer's ATA urges all guests to obtain a physical exam prior to participating in any physical activity or before attending any martial arts class.

Release and Assumption of Risk Agreement

I understand this program, by its nature, can present circumstances that place some risk of injury to myself, and others, while participating in such training activities. I understand the nature and content of the activity listed and am aware of the potential dangers incidental to engaging in the program. I agree to release, indemnify, defend and hold Schafer's ATA Black Belt Academy, it's officers and employees harmless and free from any and all liability resulting directly or indirectly from participation in the program, including but not limited to liability for any and all demands, damages, claims, suits, liens and judgments, including cost and attorneys' fees, of whatever nature. I have carefully read this Indemnity, Release, Waiver and Assumption of Risk Agreement and fully understand its contents and understand that it shall be binding upon me, my heirs, successors and assigns. I am aware that this is a full release of liability and sign it of my own free will.

*Signature: _____ *Relationship to student: _____ *Date: _____

Office Use Only:

Uniform Given size _____ Patches Given