

United Martial Arts LLC



6180-6 Ft. Caroline Rd
Jacksonville, FL 32277

Phone: (904) 803-2572
Email: karatejax@yahoo.com

Student Information

Student's Full Name _____

Today's Date _____ Date of Enrollment _____

Date of Birth _____ Grade Level _____ Gender _____

Home Address _____

Street /Apt _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work _____

Mailing Address (If different from above) _____

Email _____

Legal Guardian(s): **This section is for guardians of students under 18 years old.**

Name 1 _____ Relationship to Student _____

Home Phone _____ Cell Phone _____ Work _____

Email _____

Name 2 _____ Relationship to Student _____

Home Phone _____ Cell Phone _____ Work _____

Email _____

Divorced Parents: (This section is for students under 18 years old)

If parents live in separate households, child lives with: Father _____ Mother _____

If Parents are not married, who has legal custody? Father _____ Mother _____ Shared _____

Additional Emergency Contacts—In the event of an emergency and we are unable to contact you directly.

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____

Persons authorized to pick up child(ren) (other than listed guardians)

Name _____ Relationship to Student _____

Name _____ Relationship to Student _____

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Medical Information

All medical information will be kept confidential. **It is very important that we are aware of any medical conditions you/your child may have, especially any that may affect you/your child's training.** Do(es) you/your child have any of the following? Please check any that apply:

Asthma Bronchitis Previous Broken Bones Heart Conditions/Arrhythmia
 Free Bladder Back Problems Neck Problems Diabetes Allergies
 Other (please describe) _____

It is very important that we are aware of any emotional, psychological or behavioral issues that you/your child may be dealing with, so that we can properly handle any situation that may arise. Have/Has you/your child been diagnosed with any of the following? Please check any that apply:

ADD ADHD OCD ODD Autism/Spectrum Disorder
 Other (please describe) _____

Learning Difficulties: Y / N What? _____

If yes, to any of the above, please explain any special instructions and/or concerns.

If there are any other instructions or concerns we need to know about, please explain below.

Permission To Display Image

I, _____, give permission to **United Martial Arts LLC** to display my image or the image of my child, in form of photograph or video file, on the United Martial Arts website (unitedmartialartsjax.net) or it's Facebook Page, and may be used for promotional, display, or advertisement purposes. I understand that upon signing this form, I release **United Martial Arts LLC** and it's staff to display my image or the image of my child.

Print Name _____ Signature _____

If under 18 years of age, Signature of Parent/Legal Guardian _____

Parent or Legal Guardian **MUST** complete this section for minors under the age of 18 years of age.

I have verified all information on this form is correct and give my permission for (adult students write "self") _____ to participate in the **United Martial Arts LLC** Karate Program.

Print Name _____ Date _____

Legal Signature _____ Date _____

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Permission to Transport

I, _____ give permission to United Martial Arts LLC and it's employees, volunteers and/or chaperones, to transport my child, _____ from his/her school if involved in the United Martial Arts LLC After School Karate program, as well as any field trips included with camps as well as to and from any and all program related events (including but not limited to fundraisers, tournaments and/or demonstrations). I also relieve United Martial Arts LLC and said parties from all liabilities during this period.

Signature of legal guardian ____/____/____ Date

Please print name

Hold Harmless/Liability Release and Wavier Agreement

I, _____, have voluntarily submitted my application for registration as a student or for my student child _____ in the United Martial Arts LLC program. By submitting the application for membership, I certify that I am fully aware of and understand the inherent dangers in participating in activities involving martial arts, and of the basic safety rules, and procedures, including, but not limited to, promotional rank testing, camps, after school karate program, Self Defense Classes and events which I may enter. I understand and agree that the operator of the school, the instructors, owner of the school building, or any other student, will not be responsible for my safety, nor will any of these parties or individuals serve as a guardian of myself or my child's safety. I understand and agree that neither the operators of the school, United Martial Arts LLC, its owners, the instructors, or any other student, their agents or assigns, or any other individual or entity associated with United Martial Arts LLC may be held liable in any way for any occurrence or event in connection with my membership or participation in events or camps which may result in injury, death or any and all damages to me or to my family, descendants, heirs or assigns or any other individual or entity associated with United Martial Arts LLC may be held liable in any way for any occurrence or event in connection with my membership or participation in events or camps which may result in injury, death, or any and all damages to me or to my family, descendants, heirs or assigns. I understand and agree that in consideration of being allowed to be a student in this program, including events or camps, I hereby personally assume any and all risks involved in connection with the same; and furthermore, I release forever the aforementioned individuals and entities and any other individual or entity associated with this program, for any harm, injury or damage that may occur to me/my child or befall me/my child while I am a student in this program, including any and all risks connected therewith whether foreseen or unforeseen, including any risks created and/or harm caused by any negligent act (excluding gross negligence or recklessness behavior) or acts of any or all of the above-mentioned parties. Furthermore, I will hold harmless the above-mentioned parties from any claim by me, my family, my estate, my heirs, my personal representatives or their assigns, arising out of my participation in the program, events or camps. I further state that I am of lawful age and legally competent to sign this agreement and that my signing this agreement is my own free act (unless a parent or legal guardian signs this). I also understand and agree that the terms herein are contractual, and they are not a mere recital or simply for information purposes. I have read,

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Hold Harmless/Liability Release and Wavier Agreement Continued

and understand, and fully informed myself of the contents of this agreement. I assume responsibility for my own physical condition and capability to perform under the program, events or camps in which I may participate.

_____ Signature of legal guardian

_____ Please print name

____/____/____ Date

TO BE SIGNED IF ABOVE IS EXECUTED BY PARENT OR LEGAL GUARDIAN

In consideration of the aforementioned activities, and as a parent or legal guardian of the minor named above, I, on behalf of said minor, agree to indemnify and save harmless United Martial Arts LLC, the owner, the organizers of the program, the instructors, event officials, camp directors, other contestants in events, or their agents or assigns, against any claim for damages, compensation or otherwise on the part of said minor or his or her heirs, executors or administrators and to reimburse or make good any loss or damages or costs that any above parties may have to pay if any litigation arises on account of any claims made by said minor or anyone in his/her behalf. Furthermore, I release any claim or cause of action that I may personally have a parent or legal guardian resulting from any such injury or death to said minor.

_____ Signature of legal guardian ____/____/____ Date

_____ Please print name