

Martial Arts Training Service, Inc.
550 Industrial Drive, Suite D
Naperville, IL 60563

Phone: 630-778-6600



Class: _____

Amount Due: _____

Martial Arts Training Service, Inc. Registration Form

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

E-mail address: _____ Birth date: _____

Medical conditions we should know about: _____

Emergency Contact :

Name: _____ Relationship to student: _____

Day phone: _____ Cell phone: _____

How did you hear about us: _____

Martial Arts Training Service Waiver

In consideration for the privilege of participating in the Martial Arts Training Service Inc. classes, I the undersigned, releases, acquits and forever discharges the Martial Arts Training Service Inc., and each of its officers, agents and employees including Maureen A. Browne and John R. Gussman but not limited to them, of and from any and all claims, demands and causes of action which the undersigned may now or shall here after have or claim for on account of, or deriving in any manner from any injury to person or damage to property of any nature, arising out of participation in the martial arts classes and/or other activities herein described, or any activity or travel related thereto or attendance thereat. The obligations and undertakings herein expressed shall be binding upon the heirs, executors, administrators, representatives and assignees of the undersigned. I realize that the practice of martial arts contains an inherent risk of personal injury and I hereby assume that risk.

Signature: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____