



**PEACEFUL WARRIORS MARTIAL ARTS**

10 Walnut St • Woburn, MA 01801 • Phone: 781-491-0552

E-Mail: shihan@peacefulwarriorsma.com • Web: www.peacefulwarriorsma.com



**Pre-Registration Form**

**GENERAL INFORMATION**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ (MMDDYY)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ Work: (Work/Cell) \_\_\_\_\_

Email: \_\_\_\_\_

**IF UNDER 18 YEARS OLD please fill this section out:**

Name of parents or legal guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Single Parent? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there anyone else responsible for making decisions or paying for lessons?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who? \_\_\_\_\_

**IN WHAT PROGRAMS ARE YOU (OR YOUR CHILD) INTERESTED?**

Teen/Adult (ages 13 & up) \_\_\_\_\_ Junior Warriors (ages 7-12) \_\_\_\_\_ Lil' Warriors (ages 4-6) \_\_\_\_\_

Kick-Boxing (ages 16 & up) \_\_\_\_\_ Masters Program (ages 7 & up) \_\_\_\_\_

Have you or your child studied any form of Martial Arts before? Yes \_\_\_\_\_ No \_\_\_\_\_

Where? \_\_\_\_\_ What Style/System \_\_\_\_\_

What Rank have you achieved? \_\_\_\_\_

**HOW DID YOU HEAR ABOUT PEACEFUL WARRIORS MARTIAL ARTS?**

Member \_\_\_\_\_ Member Name \_\_\_\_\_ Google Search \_\_\_\_\_

Website \_\_\_\_\_ Facebook \_\_\_\_\_ Twitter \_\_\_\_\_ Other \_\_\_\_\_

**Please fill out reverse side.**



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**MEDICAL HISTORY**

Do you have High Blood Pressure? Yes \_\_\_\_ No \_\_\_\_ or Low Blood Pressure? Yes \_\_\_\_ No \_\_\_\_

Do you smoke? Yes \_\_\_\_ No \_\_\_\_ If so, how much? \_\_\_\_\_

Are you on a special diet? Yes \_\_\_\_ No \_\_\_\_

If so, what kind and why? \_\_\_\_\_

Do you take medications? Yes \_\_\_\_ No \_\_\_\_

If so, could you please explain? \_\_\_\_\_

Are there any special physical conditions that we should be aware of? (Back, neck, shoulder, elbow, ankle, knee problems or arthritis, diabetes etc.) \_\_\_\_\_

**WAIVER OF INJURY**

The undersigned certifies that all questions were answered and completely to the best of his/her ability and so, hereby, voluntarily submits this application for attendance and participation at PEACEFUL WARRIORS MARTIAL ARTS. The member further testifies that he/she has no physical, mental or emotional illness that could impair training or cause his/her training to be injurious. While every effort will be made on our part to make the classes and facilities as safe as possible, he/she must realize that any physical activity has the potential for injury. He/she waives any claim of accidental and/or negligent tort damage resulting from the activity against principals and/or officers, instructors or us. He/she, parents or guardians hereby acknowledge an assumption of risk by accepting and agreeing to allow the undersigned to participate in a variety of physically demanding activities. It is fully understood that any medical treatment given him/her will be of first aid treatment type only.

**IF UNDER 18 YEARS OLD** this release and consent is to be signed by a parent/guardian.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

**ALL OTHERS please sign and date below:**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_