

Tiger's Claw Martial Arts (TCMA)

49B Prospect Pl, 2nd FL, Hillsdale, NJ 201-263-1983

www.tigersclawmartialarts.com



REGISTRATION FORM

Tiger's (1xWk) ___ Tiger's (2xWk) ___ Kids Karate (1xWk) ___ Swat Elite Karate (2xWk) ___

Warrior Karate ___ (3x/Week) Adult Karate Drop-in ___ Other: _____

Student's Name: _____ Male: ___ Female: ___

Address: _____ City: _____

State: _____ Zip: _____ Birthday: ___/___/___ Current Age: _____

Phone #: _____ (Home / Cell) Emergency #: _____

E-Mail Address: _____

How did you hear about us? _____

Parent/Guardian Name(s): _____

Parent's priority for your child: _____ (use back)

Do you have any medical (include **allergies**), physical, or mental conditions? Yes ___ No ___

Explain: _____ (use back)

List all Medications: _____ (use back)

I will notify the office of Tiger's Claw Martial Arts Inc. (TCMA) of any changes in the medical condition of my child. Any activity involving height, flight, and/or rotation of the body such as in **KARATE** class increases the chance of accidental injury, including serious head, back, limb, and neck injuries, etc. I understand I am assuming all risks inherent in **KARATE**, whether known or unknown, and that I hereby release, discharge, and covenant not to sue TCMA, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the RELEASEES, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

OVER →

Office use ZP: _____ PC: _____ PROSPECT: _____

I have read this **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, not with-standing, shall continue in full force and effect.

I have read and understand all the Rules and Policies of Tiger's Claw Martial Arts, Inc. I also understand that once a class (session) has started there are

- **NO CASH REFUNDS.**
- **NO MAKEUPS extended beyond the tuition pay cycle.**
- **The Registration Fee is non-refundable and non-transferable.**
- **NO CASH, CREDIT or REFUNDS for outside injuries.**

Date: ___/___/_____ Signature of Student: _____
(Parent/Guardian if under 18 years of age)

Date: ___/___/_____ : _____
(Second Parent/Guardian if under 18 years of age)

_____ Please sign me up for AUTO PAY, TCMA's monthly Credit Card / Debit. This service automatically charges your credit card account on the fifteenth (15th) of each month.

Please ask for a form to be completed. This is not a contract. It can be cancelled at any time. To avoid being charged, you must give us written notice at least 7 days, 1 week prior to the scheduled charge date.

Start Date: ___/___/_____ Student # _____ Copyright 2018 TCMA

Additional Student Information: