

# Macabee Martial Arts Seattle

Shaolin White Dragon Kung Fu & Self Defense  
Registration Form 2016-17

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parents' Names (if under 18) \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Email(s) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Medical or Behavioral Issues \_\_\_\_\_

## TERMS & CONDITIONS

**WARRANTY OF PHYSICAL FITNESS:** Student acknowledges and warrant's that member is in good physical condition and that member has no disability, impairment or ailment preventing member from engaging in active or passive exercise or that which will be detrimental to member's health, safety, comfort or physical condition by so engaging or participating. Member further acknowledges that member has been advised by school personnel to see members' personal physician before engaging in kung fu and self-defense program, or any condition has been announced in writing to the School members.

**Adult Student or Parent/Guardians INITIAL HERE \_\_\_\_\_**

**ASSUMPTION OF RISK AND WAIVER OF LIABILITY:** Use of any of the facilities shall be undertaken at the sole risk of the member. The facility shall not be liable for any damages to any person or property arising out of the member's use of the facility, equipment, or instruction. Member does hereby release and discharge Kimberly Bowen, BCMH, B.A.S.E., and her instructors from any and all claims, demands or actions from classes, equipment and employees, including without limitation any claim for personal injury, damage, or loss of property resulting from or arising out of the acts or any other person at the School. It is understood that kung fu and the martial arts are contact sports and that there are possible risks of bodily injury involved in their training.

**(Adult Student or Parent/Guardians INITIALS \_\_\_\_\_)**

**FAILURE TO ATTEND CLASSES OR USE FACILITIES:** Failure of member to attend classes or use School facilities in no way relieves member of member's obligations to pay, and any refunds are at the sole discretion of Sifu Kimberly Bowen. **(Adult Student or Parent/Guardians INITIALS \_\_\_\_\_)**

**MEDICAL TREATMENT:** I hereby authorize simple First Aid or CPR, and consent to Ambulance Transportation, and any X-ray's, Medical, or Surgical Diagnosis that may be required in the event of an injury. **(Adult Student or Parent/Guardians INITIALS \_\_\_\_\_)**

*If under age 18 release and consent must be signed by parent/guardian.*

Signature of Student \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_