



AMAWW

Membership Application



Christian Martial Arts



Full Name: _____

Age: _____

Email: _____

Mailing Address: _____

Phone #: (_____) _____ - _____

Martial Art Experience: _____

**Please send the application with the
\$20.00 yearly membership fee to:**

**AMAWW
1581 State Highway 420
Norfolk NY 13667**

CHRISTIAN MARTIAL ARTS RELEASE

The enrollee is aware in making this agreement to participate in training in the martial arts that certain elements of this training are physically demanding and potentially dangerous, and with this knowledge agrees to indemnify and hold harmless from all losses caused by accident or injury the Association of Martial Artists Worldwide, the Instructor, his assistants, or any third parties who may be enrollees of the same class or seminar or who are students with the Instructor, in the event that the enrollee or the said third party is injured in any way during the proper performance and execution of techniques or instruction provided in this training. (check box)

This release shall also include any landlord or leaseholder of any training facility in which training is conducted. I also agree that the terms hereof shall serve as a release and assumption of risk for my heirs, executors and administrators, and for all members of my family, including any minors.

The enrollee attests that he/she is in good physical condition and has no known or suspected medical conditions that would preclude vigorous physical activity. *It is recommended that participants have a checkup by a physician before beginning any new physical regimen.*

It is further agreed that the enrollee's name, photograph or other representation for the purposes of promotion or publicity for this martial art program or the instructor may be used.

As part of the consideration for participation, the enrollee acknowledges and assumes all these risks and wishes to enroll in this course of instruction. (initials) _____

Print Name: _____ Registration Fees: _____.

Age: _____ Birthdate: _____ M/F: _____ Height: _____ Weight: _____

Street Address: _____.

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Cell #: _____.

Email/website: _____.

Contact in case of emergency: _____ Contact's Ph: _____.

Medical Coverage/Insurer: _____ Class location: _____.

Previous Martial Arts: _____.

*Signature: _____ Date: _____

*Parent or legal guardian must sign for all persons under 18 years of age.