

FLOWING WATERS ACADEMY MARTIAL ARTS



REGISTRATION FORM

Name _____ Date of Birth _____ Gender _____
Address _____ City/State/Zip _____
Phone _____ Alt. Phone _____
E-mail _____
Primary Physican _____ Phone _____
Pre-Existing Condition/Illness/Injury _____
Current Medications _____ Hospital Preference _____
Primary Contact _____ Phone _____
Secondary Contact _____ Phone _____

RELEASE FORM

I hereby represent that I am in reasonably good health and assume responsibility for knowledge of my own physical and mental limitations. I acknowledge and understand that a risk of personal injury may be involved in programs offered by Flowing Waters Academy. I further release and discharge Flowing Waters Academy, Sifu Whiting, assistant instructors, or any other persons associated with Flowing Waters Academy from any liability for damages or injuries. I understand and agree to adhere to the rules and regulations presented by Flowing Waters Academy. I acknowledge that I am accountable for my own actions and Flowing Waters Academy has the right to hold myself responsible for damages to persons or property. I certify by signing below, I am at least 16 years of age to participate at Flowing Waters Academy or any subsequent branch locations represented by Flowing Waters Academy and the information provided above is accurate. If a student is less than 18 years of age, a parent or guardian must sign below in addition to the student's signature in order to participate. By signing below, I have read this release and understand all its terms and conditions.

Signature of Student _____ Date _____
Signature of Parent/Guardian _____ Date _____

Located at First Universalist Church of Assinippi
Rte 53 Norwell / Hanover Town Line
(781) 878 0370 • flowingwatersacademy@gmail.com
www.flowingwatersacademy.com

Must be at least 16 years of age to join or observe