



Date: _____

Abington Martial arts academy

Application for Enrollment

Student Name: _____ Age: _____ DOB: _____ Height/Weight _____

Address: _____ City/State: _____ Zip: _____

Phone Number: () - Email Address: _____

Do you or have you had any physical or mental disability that might need special attention by the instructor?

Yes _____ No _____ if yes, please mention: _____

Reason for enrolling: _____

Group Class Program: **\$100.00 per each 8 - Week Session**

Please make checks payable to: **Abington Martial Arts Academy. Payment is due by the first class of the session.**

*In consideration of your acceptance of my enrollment, I do hereby for myself, my heirs, executors, and administrators, waive, release and discharge **Abington Martial Arts Academy & St. Joseph School, Holbrook, Ma.** or its departments, officers, agents, representatives, successors and / or assigns and against any participants for any and all damages which may be sustained by me in connection with my association with or entry in the martial arts program. **Abington Martial Arts Academy** reserves the right to dismiss any student at any time for misconduct or actions which may convey a bad image of this center. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to attend the Classes presented by **Abington Martial Arts Academy**. Lastly, I hereby waive any compensation whatsoever, for the use of pictures, video, media coverage, statements, interviews, etc., of which I may be part of, utilized by those promoting this school at any time.*

Accepted (Instructor)

Student (if over 18 years or age)

Parent or Guardian