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**REGISTRATION FORM**

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Today's date: \_\_\_\_\_ Email Address \_\_\_\_\_

Participant's name - First: \_\_\_\_\_ Middle initial: \_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

City: \_\_\_\_\_ Date of birth: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Start date: \_\_\_\_\_

Participants place of employment: \_\_\_\_\_ Work number: \_\_\_\_\_

Person responsible for payment: \_\_\_\_\_

If participant is under 18 years of age, please fill out next four lines:

1) Mother's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2) Place of employment: \_\_\_\_\_ Work number: \_\_\_\_\_

3) Father's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

4) Place of employment: \_\_\_\_\_ Work number: \_\_\_\_\_

Name of person to be contacted IN CASE OF AN EMERGENCY:

Name - First \_\_\_\_\_ Last: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please list any allergies or medical concerns: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_ Previous study - Rank: \_\_\_\_\_ Style: \_\_\_\_\_

Circle Program: Basic Training Black Belt Training Black Belt Leadership

Payments are made through American Membership Management (a billing company).

Auto Withdrawl from checking - Voided check needed

or Auto Withdrawl from credit card or debit (Visa, MasterCard, Discover, American Express accepted)

account number: \_\_\_\_\_ exp. date: \_\_\_\_\_

Card holder signature: \_\_\_\_\_

I certify that student named above is in sound physical health and is capable of participating in strenuous physical activity, and that the information on file is complete, correct and up to date. I hereby release John D. Wallace, in his personal capacity and John D. Wallace, d/b/a Villari's Self-Defense Centers, LLC of any liability for injuries suffered while on the premises.

I certify that I give permission for him/her to participate in the karate program and that I assume all risks and hazards incidental to the conduct of such activities and transportation to and from said activity. I do further hereby release, absolve, identify and hold harmless John D. Wallace, its organizers, sponsors, agents, instructors, and any and all of them, from any and all injuries which may be sustained by participation in above said activity.

Permission is granted to John D. Wallace to allow participant to receive emergency medical treatment if necessary.

Signature of PARENT/GUARDIAN/ or STUDENT over 18yrs: \_\_\_\_\_

John D. Wallace, doing business as Fred Villari Studio of Self Defense, LLC reserves the right to dismiss any student at any time for misconduct or action which may convey a bad image of this Villari's Self-Defense Center. I hereby acknowledge that the above statement is true. (please have student initial) \_\_\_\_\_