

*Please complete these forms and bring them with you to your first day of class. Students may not participate without them. You may also mail them to: **Jacob Lunon, Macabee Martial Arts, 5110 48th Avenue South, Seattle, Washington 98118.***

School of the Macabees

Shaolin White Dragon Kung-Fu Registration

Students Name _____

Birth Date: _____

Parents Name: _____

Email Add: _____

Phone Number: _____

Emergency Contact: _____

Address: _____

Emergency Phone: _____

Cell Phone: _____

Medical Issues: _____

*For further information please contact Master Lunon
206-722-4614 or Macabeemartialarts@comcast.net*

TERMS & CONDITIONS

WARRANTY OF PHYSICAL FITNESS: *Student acknowledges and warrants 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 & self-defense program, or any condition has been announced in writing to the staff members. (MEMBERS/Parent/Guardians INITIALS _____)*

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 Master Lunon and his staff 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, the Martial Arts are contact sports, and that there are possible risks of bodily injury involved in their training. (MEMBERS/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 Master Lunon.*

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.*

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

Signature of Student _____
Guardian: _____

Signature of _____