

IDMAA / Arashi Dojo LLC / DTKK / UMAA / USMAA / KSU
Registration and Release Form

NAME: _____
Last First Middle Int.

ADDRESS: _____ APT# _____

CITY: _____ STATE: _____ ZIP: _____

PHONE#: _____ e-mail: _____

DATE of BIRTH: _____ Day Night
AGE: _____

ANY PRIOR TRAINING: _____

In Case of Emergency

PERSON TO BE CALLED: _____

PHONE#: _____

Day Night

ALTERNATE PERSON TO BE CALLED: _____

PHONE#: _____

Day Night

DOCTOR: _____ PHONE#: _____

DENTIST: _____ PHONE#: _____

HOSPITAL: _____ PHONE#: _____

ANY PHYSICAL OR MENTAL PROBLEM THAT COULD EFFECT YOUR TRAINING?

Have you ever been convicted of any criminal offense beyond a traffic violation? _____

If yes your application *may* be denied. (Int.: _____) (Int.: _____)

In consideration of you accepting this registration, I hereby for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the Iron Dragon Martial Arts Academy / Arashi Dojos LLC / Dote Tsutsumi Kempo Kai / Unity Martial Arts Association / United States Martial Arts Association/Kent State/McLeod Jiu- Jitsu – PMMA/After School Discovery and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups I assume responsibility for medical coverage in the event that I, my child, or anyone because of this training is injured. This training like all physical activity has risks. I assume all risks involved. (Int.: _____) (Int.: _____)

In case of emergency and we cannot be contacted, we hereby authorize the adult in charge to use his/her own judgment in calling a doctor or having myself or my child to a hospital.

(Int.: _____) (Int.: _____)

Using any of the techniques can cause harm to others and am willing to be responsible for my actions.

(Int.: _____) (Int.: _____)

Will you try your best to uphold and obey all the rules, regulations, etiquette, and virtues of the IDMAA /IDMAA-AD/DTKK/UMAA/USMAA/KSU/MJJ-PMMA/ASD ? _____ Signing below indicates that you will. If not signed, your membership cannot be accepted. (Int.: _____)
(Int.: _____)

I hereby consent for without further consideration or compensation to the use (full or in part) of all videotapes taken of me, photographs, and/or recordings made of my voice and/or written extraction, in whole or in part of such recordings or musical performance for the purposes of illustration, broadcast, or distribution in any manner. (Int.: _____) (Int.: _____)

Have you ever belonged to an organization that wants to over throw the U.S.A. Government?

_____. If yes your membership cannot be accepted. (Int.: _____) (Int.: _____)

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

(PARENT OR LEGAL GUARDIAN, IF UNDER 18 YEARS OF AGE)