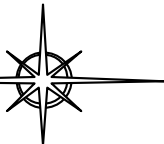




722 S 8th STREET
CANON CITY, CO. 81212
719-275-7249



Nova Defense Systems Kenpo Karate

Date _____

Student Name _____ Age _____ Birthdate ____/____/____

Emergency Contact _____

Emergency Contact Phone _____ Home _____

Address _____ Email _____

City _____ State _____ Zip _____

What specifically would you like to accomplish in our martial arts program?

Have you studied martial arts previously? Yes ___ No ___ If yes, when? _____

What style? _____ Instructor/School? _____

Medical Concerns or limitations? _____

Have you ever been arrested for a felony? Yes ___ No ___

If yes, please explain: _____

How did you hear about us? Sign ___ Website ___ Facebook ___ Referral ___ Other _____

If referral, whom may we thank for referring you? _____

Please circle the benefits you would like to see from your training at the school.

- | | | |
|------------------------|-----------------------|-----------------|
| Better Mental Attitude | Physical Conditioning | Self-Defense |
| Respect for Self | Respect for Others | Stress Release |
| Temper Control | Self-Discipline | Self-Confidence |

This document is intended for use by your instructors at Nova Defense Systems Kenpo Karate. No student will be admitted into class unless this form is completed, signed and turned in to the school. Your personal data sheet must be on file before you are scheduled into a class and assigned an instructor.

By signing this document I acknowledge that I am about to start a class that has the risk of injury involved with it. I understand that if I am asked to do a movement or an exercise that is too difficult for me to perform, I can ask to be excused from that exercise. I agree not to hold Nova Defense Systems LLC or any of its instructors liable for any injuries that may occur as a result of my training. I understand that if I participate in any tournaments, demonstrations or other karate related activities, I do so at my own risk. I hereby certify that I am physically prepared and have no physical ailments or restrictions that would prevent me from performing this activity. Furthermore, I also understand and recognize that it is my responsibility to obtain a doctor's examination and clearance to enter this training should I have any questions or doubts about my physical condition.

We'd like to help celebrate your hard work at Nova Defense Systems Kenpo Karate. We love to show off your hard work, accomplishments, and fun times in our online photo gallery on our website and/or Facebook page. *We do not wish to do this without your express permission.* As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the internet does not allow us to control who may access such information. These dangers have always existed; however, we want to celebrate your accomplishments with Nova Defense Systems Kenpo Karate. The law requires that we ask for your permission to use information about you and/or your child. If you wish to rescind this agreement, you may do so at any time in writing by providing a written letter to us here at Nova Defense Systems Kenpo Karate and such rescission will take effect upon receipt by Nova Defense Systems Kenpo Karate.

Please check one of the following choices:

____ I/We grant permission for a photo/image, and/or first name only that includes me to be published on Nova Defense Systems Kenpo Karate's public internet website and/or Facebook page.

____ I/We DO NOT grant permission for a photo/image, and/or first name that includes me to be published on Nova Defense Systems Kenpo Karate's public internet website and/or Facebook page.

I have read this form in its entirety and fully understand all its contents.

Student

Date

Parent/Guardian (if under 18)

Date