



PETALUMA ACADEMY OF MARTIAL ARTS
620 Petaluma Blvd N Petaluma, CA 94952
778-1069 www.pamakarate.com

NAME: _____
LAST FIRST INITIAL

ADDRESS: _____

CITY: _____ ZIP: _____ E-MAIL: _____

PHONE: _____
CELL / HOME WORK

BIRTHDATE: _____ MALE FEMALE

PHYSICAL STATUS: _____

OCCUPATION: _____

How did you hear about this School? _____

Previous Martial Arts Background? _____

Years of Training: _____

I, the undersigned, do hereby voluntarily submit my application for admission to Petaluma Academy of Martial Arts for attendance & participation in lessons & group classes at 620 Petaluma Blvd. N., Unit G, Petaluma, CA.

And, I do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while participating.

And, I do hereby waive all claims against instructors or fellow students of said class, or the owner of the building for any claims for injuries that I may sustain.

I do hereby consent that any pictures furnished by me or any pictures taken of me in connection with said school can be used for publicity or promotion. And, I waive compensation in regard thereto.

I understand there are no refunds for any fees or tuitions paid.

SIGNATURE OF STUDENT _____ DATE: _____

SIGNATURE OF PARENT / LEGAL GUARDIAN _____ DATE: _____

FIRST CLASS FREE