



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

REGISTRATION FORM

CLASS / WORKSHOP _____

NAME: _____
LAST FIRST

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.

STUDENT NAME _____ DATE: _____

PARENT / LEGAL GUARDIAN NAME _____ DATE: _____

SAVE COMPLETED FORM AND EMAIL TO: mr.c.pama@gmail.com