



Cal State Los Angeles Martial Arts Club



Applicant Information

Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Home #: _____ Other #: _____

E-mail Address: _____

Medical/Health Conditions: _____

Emergency Contact/Relationship: _____

Emergency #: _____

Additional Information for Minors

Mother/Guardian: _____

Day #: _____ Evening #: _____

Father/Guardian: _____

Day #: _____ Evening #: _____

Please carefully read the following, then sign.

In consideration of your acceptance of my application, I the undersigned hereby gives informed consent to engage/participate in a variety of physical activities. The possibility exists that certain detrimental physiological changes may occur during these activities/exercises. These changes could include, but are not limited to heat related illness, abnormal heart beats, abnormal blood pressure, subluxation, strains, sprains, broken bones, unconsciousness and in rare instances, a heart attack or even death. I understand that any activity involving motion and/or height creates the possibility of accidental injuries. Only properly trained and qualified participants under supervised conditions should undertake these activities. Participation without proper training and/or conditioning could be dangerous and should not be undertaken. Before participating in any activity, know your limitations, the limitations of your classmates and the limitations of the equipment. I understand that I am not permitted to attempt any maneuver/skill in these classes, which has not been covered during class instruction, without the instructor's permission. If in doubt, always consult your instructor. Avoid landing on head or neck as serious injury, paralysis or death may result.

I hereby acknowledge and certify that:

The organization has informed me that they cannot be omnipresent and observe my every movement. I understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to monitor my individual physical status during an activity. I understand that the ultimate responsibility for my personal safety is mine alone. **I have been instructed in the safety guidelines of the Martial Arts Club and as a responsible individual I hereby agree to abide by them and use good judgment in my class conduct.** I do not have any physical/mental limitations or conditions, which would prohibit/impair my/other safety of participation in this class. In the event of a medical problem, I recognize that any medical care that may be required is my personal financial responsibility. After being appraised of the nature of the Martial Arts Club and with full knowledge of the range of consequences, including adverse physical reactions that may happen to those who participate in such programs, I hereby accept the risk associated with participation in this course.

Signature of Applicant

Date

I, the under signed, understand and agree with the terms set forth above. I have read and discussed all of the information above with my child.

Signature of Parent/Guardian (if under 18)

Date

Thank you for carefully completing this form.