

Esteller Martial Arts Application Form

Name (Last) _____ (First) _____ (Age/DOB) _____

Address _____

City _____ Zip _____

Phone (Home) _____ (E-Mail) _____

Medical Questionnaire

Any Physical Defects? _____ Explain _____

Any Chronic Illness? _____ Explain _____

Any Recent Operations? _____ Explain _____

In case of emergency contact:

Name _____ Phone _____ Relation _____

Doctor _____ Phone _____ Address _____

Liability Waiver For EMA Instructors

*I, the undersigned agree to waive any claims against **Esteller Martial Arts** or any of its Instructors for injuries received during any practices or regularly scheduled events or contests. I understand that martial arts training has an inherent risk for injury.*

I sincerely pledge to obey all rules and regulations, which are set up for the purpose of keeping the order of the school, and for the protection of students from injury. I recognize that a risk is involved in this art that requires my adherence to these rules and to the instructors discipline.

I also understand and accept the conditions that my enrollment may be terminated at any time without notice if it is proven by EMA staff that I have knowingly and willingly misstated any facts on my application or violated any of the safety rules repeatedly.

Signature _____ Date _____