

Authentic Kung Fu of Florida
Registration Form and Liability Waiver

NAME: _____ SEX: M F AGE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____

PHONE: _____ EMAIL: _____

Do you currently have any of the following?

<input type="checkbox"/> Joint, tendon, or muscular pain	<input type="checkbox"/> Back Pain
<input type="checkbox"/> Lung disease (asthma, emphysema, other)	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> High or low blood pressure	<input type="checkbox"/> Other. Please describe:

Are you currently taking any medications? YES NO

Please list and explain _____

Do you currently have any medical conditions for which a physician has recommended any restrictions in physical activity (including surgery)? YES NO

Please explain _____

What aspects of Kung Fu are you most interested in?

<input type="checkbox"/> Physical Fitness	<input type="checkbox"/> Self-Defense
<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Weapons Usage
<input type="checkbox"/> Balance & Flexibility	<input type="checkbox"/> Culture & History
<input type="checkbox"/> Stress Reduction	<input type="checkbox"/> Work-Related Interest
<input type="checkbox"/> Increase Self-Confidence	<input type="checkbox"/> Other: _____

Previous martial arts experience? _____

How did you hear about us? _____

I, _____, am aware of my own health and physical condition, and having knowledge that my participation in this program may be injurious to my health, am voluntarily participating in martial arts training. I hereby release Authentic Kung Fu of Florida and its instructors, Brevard County Parks & Recreation, its Community Centers, and Staff, from liability for accidental injury or illness which I may incur as a result of participating in this program. I hereby assume all risks connected to therewith and consent to participate in this program.

Signature: _____ Date: _____

Parent or Guardian: _____ Date: _____