



Fight Lyfe MMA, New Student Registration
After School / Karate - Winter, Spring and Summer Fun Camp / Karate Programs

Karate Class only

After School only

After School / Karate

Winter / Spring / Summer Camp

Private: _____ ELC: _____ CHS: _____ Other Funding: _____

Student's Name: _____ Date: _____

Start Trial Date: _____ End Date: _____

Monthly Pay Date: _____ Weekly or Monthly Pay Rate: _____

Annual Insurance Rate \$12.00: _____ Student Age: _____ Birth Date: _____

Home Address: _____ Home Phone: _____

City: _____ Zip Code: _____ Cell Phone: _____ Emergency: _____

School Attending: _____ Teacher Name: _____ Class #: _____

Please list any medical conditions that may affect you child while participating
in this extracurricular Activity. For example: "Asthma"

_____, _____, _____

In consideration of being accepted; I agree to abide by the conditions and laws of this organization. I agree to follow all of the applicable rules and regulations of Sanuces Self Defense, Inc. I assume all risk from any and all injuries sustained and Hold Harmless this organization, its officers Directors and Instructors from any Liabilities.

Parent / Guardian Name: _____ Signature: _____

Occupations: _____ Work # : _____

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Authorized Pick-up Person(s): _____

_____, _____, _____

Unauthorized Parent Pick-up must be accompanied by a copy of a Court Order:
