



# PRECISION MARTIAL ARTS ACADEMY

Unit 105, 15 Circle Drive, St. Albert, Alberta, Canada, T8N-3Y7  
P. (780) 544-9931 F. (780) 544-9930 W. www.pmaa.ca E. info@pmaa.ca

**Fitness ● Lifestyle ● Self-defense ● Sport**



## CD YMCA BRANCH CLUB - STUDENT APPLICATION FORM

**MONDAY / WEDNESDAY PROGRAM: LTAD STAGES - Active Start / Fundamentals / Learn to Train**

Student ID #: \_\_\_\_\_ Special/Trial Offer: \_\_\_\_\_

How did you hear about PMAA / YMCA (Referral)? \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ AHC#: \_\_\_\_\_

Parent's/Guardian's Names (if under 18 years): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (W/C): \_\_\_\_\_

Birthdate (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Medical Concerns: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### PMAA / YMCA ANTI-SPAM AND ELECTRONIC COMMUNICATION CONSENT FORM

**I DO CONSENT** to receiving future electronic communications from Precision Martial Arts Academy (PMAA) and / or the Castle Downs YMCA.  **I DO CONSENT**

E-mail: \_\_\_\_\_ Alt. E-mail: \_\_\_\_\_

## WAIVER & RELEASE

I, \_\_\_\_\_, hereby make application for participation and/or membership in Fitness Foundations Inc.  
(Please print name)

**(FFI) / Precision Martial Arts Academy (PMAA) / Castle Downs YMCA (YMCA)** and upon acceptance I sincerely pledge to obey all Academy rules and regulations, which were formulated for the purpose of keeping order in the Academy and for the protection of pupils from injury. I further acknowledge and understand that a risk of personal injury is involved that requires my strict adherence to these rules and regulations and to the Instructor's discipline and instruction.

In consideration of accepting my application and a further consideration of the monthly and/or yearly tuition fees required for participation in the Academy's activities, I, my heirs, executors, and administrators do hereby forever release, remise and discharge FFI/PMAA/YMCA, its owners, agents, instructors, employees, members and authorized guests from all responsibilities and claims for injury which I may receive while practicing Taekwondo or any other martial art and fitness related activities at the Academy, and the parent or guardian of the applicant hereby requests that this application be accepted, and in consideration of this acceptance and the monies paid aforesaid, hereby agrees to indemnify FFI/PMAA/YMCA, its owners, agents, instructors, employees, members and authorized guests of and from all manner of claims made by or on behalf of the Applicant.

***I have read and understand this Waiver & Release and agree to adhere to the Instructor's discipline and instruction!***

Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Parent/Guardian Signature: **X** \_\_\_\_\_  
(If student is under 18 years of age)

# STUDENT UNIFORM PURCHASE CONFIRMATION

## PMAA OFFICE USE ONLY

UNIFORM PRICE: \$70 + GST = **\$73.50**

PAYMENT RECEIVED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yy

METHOD of PAYMENT:  VISA  MC  CASH  CHEQUE # \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ CVC #: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

E-Transfer (E-mail Money Transfer): To: [derektkd@gmail.com](mailto:derektkd@gmail.com) PW: [YMCA+YOUR LAST NAME](#) (ALL CAPS)

### COMMENTS:

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UNIFORM SIZES:  0000  000  00  0  1  2  3  4  5  6

UNIFORM RECEIVED:  BELT RECEIVED:

Registration Form  Student Training Guide / Welcome Package  Belt  Uniform  Attendance

