



PRECISION MARTIAL ARTS ACADEMY

Unit 105, 15 Circle Drive, St. Albert, Alberta, Canada, T8N-3Y7
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Fitness ● Lifestyle ● Self-defense ● Sport



SPECIALTY CLASS PARTICIPATION FORM

Core Kick-boxing™ Pound® Strong by Zumba® Executive Training/PT Other: _____

New Return Student ID #: _____ Session Date: _____

How did you hear about PMAA (Referral)? _____

Applicant's Name: _____ AHC#: _____

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

Address: _____ City: _____

Postal Code: _____ Phone (H): _____ Phone (W/C): _____

E-mail: YES (to receive) _____ Alt. E-mail: _____

Birthdate (mm/dd/yyyy): ___/___/_____ Age: _____ Medical Concerns: _____

Emergency Contact Name: _____ Phone #: _____

WAIVER & RELEASE

I, _____, hereby make application for participation and / or membership in
(Print Name)

Fitness Foundations Inc. (FFI) / Precision Martial Arts Academy (PMAA) 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 fees required for participation in the Academy's activities, I, my heirs, executors, and administrators do hereby forever release, remise and discharge FFI / PMAA, its owners, agents, instructors, employees, members and authorized guests from all responsibilities and claims for injury which I may receive while practicing Taekwondo, Core Kick-boxing™, Pound®, Strong by Zumba® 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, 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: _____
(If student is under 18 years of age)

For Office Use Only

Method of Payment: VISA MC DEBIT CASH CHEQUE #: _____

Amount \$ _____ CC #: _____ / _____ / _____ Expiry: _____ / _____ 3 Digit Code: _____

Name on Credit Card: _____ Signature for Authorization: X _____

Instructions Reviewed Referral Card Given SCDB Entry Email Entry Core Training Guide Wrist Wraps