



# PRECISION MARTIAL ARTS ACADEMY

## ROYAL GLENORA BRANCH CLUB

11160 River Valley Road Northwest  
P.O. Box 3180, Edmonton, AB T5J 2G7  
RGC: (780) 482-2371 PMAA: (780) 544-9931

[www.royalglenora.com](http://www.royalglenora.com) / [www.pmaa.ca](http://www.pmaa.ca) / [info@pmaa.ca](mailto:info@pmaa.ca)



### PMAA / RGC TAEKWONDO STUDENT APPLICATION FORM

Sunday: Level 1 (White to Yellow Belt)  Sunday: Level 2 (Green Stripe +)  Thursday: Family Class/Student Open

How did you hear about PMAA/RGC (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 / RGC ANTI-SPAM AND ELECTRONIC COMMUNICATION CONSENT FORM

I DO CONSENT to receiving future electronic communications from Precision Martial Arts Academy (PMAA) and / or the Royal Glenora Club.  I DO CONSENT

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

### WAIVER & RELEASE

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

Foundations Inc. (FFI) / Precision Martial Arts Academy (PMAA) / The Royal Glenora Club (RGC) 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/RGC, 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/RGC, 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)





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

**Fitness • Lifestyle • Self-defense • Sport**



# NEW STUDENT PRE-SREENING FORM

**PROGRAM** (Check one):  RGC: SUNDAY MORNING  RGC: THURSDAY FAMILY CLASS

**How did you hear about Precision Martial Arts Academy (PMAA)?** (Check all that apply)

- Road Sign  Pillar Sign  Walk-in  Google  Internet  PMAA Website  Facebook  
 Twitter  YouTube  Window Decals  Vehicle Decals  Yellow Pages  Yelp  Mall Displays  
 St. Albert Gazette  Coupon  Gift Card  Flyer  Post Card  Friend  Family  Neighbor  
 Public Demonstration (If so, where/when): \_\_\_\_\_  
 Referred by (So we may thank them): \_\_\_\_\_

**Learning Objectives: What is it that you (your child) wish to achieve or develop?** (Check all that apply)

- Fitness  Weight Management  Stress Relief  Agility  Balance  Coordination  Flexibility  
 Respect  Self-discipline  Self-control  Patience  Focus  Concentration  Work Ethic  
 Goal Setting  Confidence & Self-esteem  Recreation  FUN!  Social / Sense of Community  
 Self-defense  Anti-bullying Strategies  Leadership  Recreation  Sport / Competition  
 Achieve Black Belt  High Performance Training  Health & Wellness Coaching  Sport / Competition  
 Private Personal Training  Other: \_\_\_\_\_

### REFERRAL INCENTIVE

(Tear this portion to give away)

**RECEIVE A FREE GIFT IF YOUR REFERRAL REGISTERS AS A MEMBER OF PMAA.**

**Your Name** (Family Name): \_\_\_\_\_

**Who are you referring?** \_\_\_\_\_

1. Give this to someone who you believe would value, benefit from and ENJOY training at PMAA?
2. Tell them to give this slip to our staff upon arrival. They will receive one (1) FREE trial class!
3. If they enroll as a Member... YOU will receive a FREE GIFT!



**Thank you for your Referral, Loyalty and Support!**