



PRECISION MARTIAL ARTS ACADEMY ROYAL GLENORA CLUB

11160 River Valley Road Northwest
P.O. Box 3180, Edmonton, AB T5J 2G7
RGC: (780) 482-2371 PMAA: (780) 983-5424

www.royalglenora.com / www.pmaa.ca / mastersadler@pmaa.ca



PMAA / RGC STUDENT REGISTRATION FORM

Thursday: 5-6 p.m. Thursday: 6-7 p.m. Thursday: 7-8 p.m. Sunday: 10-11 a.m. Sunday: 11-12 p.m.

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
(Please print name)

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 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 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)

