



**METRO DETROIT URBAN WARRIOR MARTIAL ARTS CLUB**

**REGISTRATION FORM**

Student Name: \_\_\_\_\_ Age\* \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Gaurdian signature is required if under the age of 18.

DISCLAIMER: I understand that martial arts conditioning and training involve potentially hazardous activities. I certify that I (OR MY CHILD) are physically fit and have assessed the risks associated with this training. I am prepared for participation in every capacity and have not been advised otherwise by a qualified medical person.

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

Printed Name: \_\_\_\_\_