

RED SUN ENROLLMENT FORM

Please answer all questions – write 'NONE' if it applies

Participating Student: _____ Phone-home: _____
Street Address: _____ Cell Phone: _____
City & Zip: _____ Cell Phone-mom: _____
Participating student's age: ____ Birth Date: _____ Cell Phone-dad: _____
Mother & Father's name (if minor): _____ Work Phone-mom: _____
Occupation: _____ Work Phone-dad: _____
How did you hear about us? _____ Email: _____

Previous Martial Art Experience?: _____

Who to contact in case of emergency: _____ Phone: _____

Reason for training in the martial arts?: _____
Health • Self-Defense • Curious • Fun • Medical Condition • Confidence • Discipline • Love Dogs

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## MEDICAL HISTORY – Check all that apply: (use back if you need more space) –information will be confidential

\_\_\_\_ Are you on any **medication**? If so, what? \_\_\_\_\_

\_\_\_\_ Do you have any **allergies**? If so, what? \_\_\_\_\_

\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Bleeding disorders

\_\_\_\_ Do you have any **back or neck** problems \_\_\_\_\_

\_\_\_\_ Do you have any **chronic joint** problems? If so, describe \_\_\_\_\_

\_\_\_\_ Any major **injuries**? If so, please give details/dates: \_\_\_\_\_

\_\_\_\_ Any past **surgeries**? If so, please give details/dates: \_\_\_\_\_

\_\_\_\_ Any **communicable diseases**? If so, what? \_\_\_\_\_

\_\_\_\_ Do you wear **contacts**?

Any other pertinent medical conditions or history? \_\_\_\_\_ (if so, list on back)

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I am aware that participating in martial arts is a potentially hazardous activity. I assume all risks for me and/or my child associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport. I hereby release Amy L. Benevento and Red Sun Academy, Inc. from any liabilities that may occur as a result of my participating in the academy. Further, I authorize any necessary emergency treatment of any injury or illness I may experience while participating in any academy function. All such risks are known by me.

I understand this informed consent form and agree to its conditions.

Signature (adult student): _____ Date: _____

Parent or Legal Guardian: _____ Date: _____