



## Student Registration and Medical Disclaimer

Today's date:

Date of Birth:

Student Name:

Gender:

Address:

Preferred Pronouns:

City:

State: Zip:

### FOR ADULT STUDENTS:

Phone 1:

Phone 2:

cell/work/home

cell/work/home

Email:

Emergency Contact:

name

relationship

phone

### FOR MINORS:

Current School:

Grade:

Parent/Guardian #1:

Relationship:

Phone:

Email:

Mailing list?

Yes

No

Parent/Guardian #2:

Relationship:

Phone:

Email:

Mailing list?

Yes

No

### Which program are you/your child participating in today?

- Adult Karate     Youth Karate     Junior Karate     Little Dragons     Violence  
 Age 15 and up    3<sup>rd</sup> grade - age 14    Kinder<sup>t</sup> - 2<sup>nd</sup> Grade    4 -5 years old    Prevention

### How did you hear about Sun Dragon?

- From a friend     Saw sign/building     Internet     Advertisement / Flier

Where/Who:

Attended a Sun Dragon program (which one):

Other:

**Admin Use:**    \_\_\_ Entered in ZP    Enrolled karate? \_\_\_    Follow-up needed? \_\_\_

Notes:

Name of student: \_\_\_\_\_ If minor, parent/guardian name: \_\_\_\_\_

Do you/your child exercise regularly? **YES NO** If so, what activities and how frequently?

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Are any of the following applicable to you/your child? **YES NO** Check all that are relevant

- |                                   |   |   |   |
|-----------------------------------|---|---|---|
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Dyslexia         | <input type="checkbox"/> Vision/Hearing | <input type="checkbox"/> Sensory Issues |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Attention Issues | <input type="checkbox"/> Loud Noises    | <input type="checkbox"/> Mental Health  |
| <input type="checkbox"/> Joints   | <input type="checkbox"/> Autism spectrum  | <input type="checkbox"/> Touch          | <input type="checkbox"/> Trauma History |
| <input type="checkbox"/> Other:   |   |   |   |
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### Disclaimer

Martial arts and self defense training are physical activities and, like all sports and physical activities, can result in injury or accident. We take careful precautions to minimize the risk and frequency of accidents during our classes by having safety rules and by using safe procedures; however, we cannot prevent all possible mishaps. We remind you that you are encouraged to decline to participate in any activity which you feel may not be safe for you at the time for whatever reason. By signing at the bottom of this form you are waiving your rights to hold Sun Dragon Martial and Self Defense ("Sun Dragon"), its employees, its board of directors and its agents, liable for accidents and injuries occurring during any Sun Dragon activities either on or off the premises of Sun Dragon Martial Arts.

I (we) will not hold Sun Dragon, its agents, its board of directors, its employees, any class participant, teacher, or any sponsoring agent responsible for injuries or accidents resulting from or occurring during class. I (we) will be responsible to insure that the student has competent medical approval to participate in any and all activities related to her (his) martial arts or self defense training. I (we) will inform the instructor before class of any injury or illness which might affect the student's safety while training and obtain competent medical advice whenever needed.

I (we) understand that martial arts and self defense training are precautionary measures which cannot guarantee safety from future violence.

### Photo Waiver

I hereby grant permission to Sun Dragon Martial Arts and Self Defense, NFP ("Sun Dragon") and its representatives to take photographs, videos and/or audio recordings of me today and at any time when I am engaged in activities organized and run by Sun Dragon and/or its representatives and to use them, directly or indirectly, in connection with the purposes set forth below. Sun Dragon may use any of the photographs (including any likenesses), videos, audio recordings (including any transcription thereof), or any reproductions (collectively "recordings"), for the purposes of marketing, advertising, promoting, supporting any filing with Federal or state agencies, web usages, and any other purpose not mentioned which benefits Sun Dragon. I hereby further consent to the use of my name in connection with any Recordings but such use shall be limited to identifying me as the subject, and shall not extend to the endorsement of any commercial product or service, I hereby agree that any and all rights, title and interests in or to any Recordings (including all negatives and original recordings) shall constitute the sole and exclusive property of Sun Dragon. I further release Sun Dragon and its officers, directors and other agents from any claims in connection with the use of the Recordings as set forth above.

**I have read and agree to the above**

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Student signature (or Parent/Guardian for minors)

Date