



TEMPLE KNIGHTS REGISTRATION FORM

PROGRAM

Name: _____

Address: _____ **Postal Code** _____

Telephone or cell # _____ **E-mail:** _____

Birth date _____ **Health** _____

Occupation _____

Previous Martial arts / fitness experience _____

How did you find out about Temple Knights? _____

What do you hope to gain from this program? _____

Would you like to receive our monthly e-mail newsletter? _____

Waiver: By signing this registration form I certify that the above information is correct. As a participant I acknowledge that the Temple Knights and their representatives shall in no form be liable or responsible for injury or bodily harm occurring to me during classes and that such risks shall be borne by myself voluntarily. Please note: Our policy after registration is no refunds. Make up classes, credits for unused classes or credit transfers for products or membership is possible.

Signature or signature of guardian _____

Emergency contact info: Name: _____

Phone: _____ **Date:** _____