

# Personal History



Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender: \_\_\_\_\_

Email Address: \_\_\_\_\_

First Parent Name & Phone Number (if under 18): \_\_\_\_\_

Second Parent Name & Phone Number (if under 18): \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

What classes interest you? Taekwon-Do Krav Maga Self-Defense Other

Any Medical Problems/Medications? \_\_\_\_\_

Any Allergies or Allergy Medication? \_\_\_\_\_

Any Restrictions? \_\_\_\_\_

**I hereby give my permission to Edmond Martial Arts Academy to have myself or my child treated in case of emergency.**

Edmond Martial Arts Academy urges all members to obtain a physical examination from their physician prior to participation in any Martial Arts class. In recognition of the possible dangers connected with any physical activity, member(s) hereby knowingly and voluntarily waive any right or course of action of any kind whatsoever arising as the results of such activity from which any liability may or could occur to above named school, its officers, employees, instructors.

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