



Danny Antoine's Martial Arts & Fitness Academy  
236 Cunningham Rd, Suite 9  
Franklin, NC 28734  
828.349.0328

## EXTREME KARATE CLASS MEMBER INFORMATION

### I. PROGRAM MEMBERSHIP ENROLLMENT:

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MEMBER'S LAST NAME	FIRST	DOB	AGE	HOME PHONE
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PARENT/GUARDIAN LAST NAME	FIRST	DOB	HOME PHONE
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ADDRESS	CITY	STATE	ZIP
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CELL NUMBER	WORK NUMBER	EXT.	EMAIL
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EMERGENCY CONTACT	PHONE NUMBER
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Any Known Medical Conditions? Please Note:	List Any Medications Currently Taking
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### II. WAIVER AND RELEASE OF LIABILITY

I agree to release Danny Antoine's Martial Arts & Fitness Academy from all liability in case of an accident or injury during the duration of the Karate/Cardio Programs. I agree to indemnify and hold harmless Danny Antoine's Martial Arts & Fitness Academy. I certify that I have adequate insurance to cover any injury or damage that myself or my child may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

Signature of member/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### III. PERMISSION FORM TO BE PHOTOGRAPHED AND/OR VIDEOTAPED:

I or my child has my permission to be photographed and/or videotaped during Danny Antoine's Martial Arts & Fitness Academy, Karate/Cardio Programs. I understand that I or my child's photo or video image may be used in media articles, presentation materials, or program materials.

Signature of member/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### IV. AUTHORIZATION FORM TO USE CARD ON FILE:

**PLEASE NOTE: To reserve your place monthly, payment is due on the 1st of each month.** In the event of nonpayment by due date, you authorize your credit card to be charged for the amount due plus any applicable late fees and/or outstanding balances.

Cash     Check     Credit Card: Visa     MasterCard     Discover     AMEX     Card On File

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV: \_\_\_\_\_

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