



Cub Class Membership Type



Wolfpak Martial Arts L.L.C. Registration Form

Name _____ D.O.B. _____
 Address _____ State _____
 City _____ Zip _____
 Phone# _____ E-mail _____
 Parent (s) / Guardian (s) (if under 18) _____
 Emergency Contact _____ Phone# _____
 Extra Art (s) _____
 How did you hear about us? _____
 If you were referred, who referred you? _____

Waiver of Liability

I wish to register the above named person for 1 six week session of classes at Wolfpak Martial Arts. I agree to pay the amount of \$139.00 in one installments due by the 1st Day of the session. There will be a \$20.00 fee for returned checks/ or declined credit card transaction. Any collection fees incurred on this agreement will be the responsibility of the participant or legal guardian. Wolfpak Reserves the right to cancel any membership due to inappropriate behavior of the student. Any membership canceled due to inappropriate behavior will be subject to a charge equal to the member's one month tuition rate. Before starting activities at Wolfpak, or exercise or training programs anywhere, always consult your doctor. All students are required to provide their own medical insurance as a condition precedent to using Wolfpak facilities and participating in activities conducted at Wolfpak martial arts L.L.C.

Wavier of Liability/ Release and Assumption of Risk

I hereby agree and acknowledge, on behalf of my self and my spouse, heirs, administrators and assigns, including minor children, that martial arts and self defense techniques and practice consisting of body contact, throws, submission holds and other intense physical activities which can cause personal injury to participants, including the above named participant (s). I hereby waive and absolve Wolfpak Martial Arts L.L.C., its instructors, staff and members of any liability in the event that myself, my spouse and our heirs, any claim, demand or cause of action which may arise from martial arts instruction and within the scope thereof while training at the Wolfpak studio. I hereby release, waive, discharge and covenant not to sue Wolfpak Martial Arts, their employees, volunteers or students.

Photo Release

I agree to allow Wolfpak Martial Arts to use my photograph or those of my minor child/children for the purpose of promoting the studio through advertising, web sites, etc.

Permission to seek Emergency Treatment (for students under age 18)

I grant permission for Thomas Samuel Wolf or a designated representative of Wolfpak Martial Arts to seek emergency medical treatment for my child in the event that I cannot be reached.

I hereby affirm that I have read fully and agree with the above statements conditions and statements. If the participant is my minor child, I understand and agree to be bound for myself and on my minor child's behalf by signing my name below. If any part of the above is held to be void, the remainder shall be given effect to the extent possible in its absence.

Signature of participant or legal guardian:

_____ Date _____

Witness: _____ Date _____