



FLORIDA SPORTS MARTIAL ARTS ACADEMY

6423 South Chickasaw Trail • Orlando, FL 32829 • 407-273-8889

Applicant's Name _____ Sex _____ Age _____
Date of Birth _____ Allergies _____

2nd Applicant _____ Sex _____ Age _____
Date of Birth _____ Allergies _____

Name of Parent/Guardian _____ Relationship _____

Address of Parent/Guardian _____
City _____ State _____ Zip Code _____ D.O.B _____

S.S. Number _____ Driver's License # _____ State _____

Telephone # (____) _____ Cell Phone # (____) _____

Mother's Name _____ Tel # _____

Mother's Employer _____ Tel # _____

Cell Phone # _____ E-Mail Address _____

Father's Name _____ Tel # _____

Father's Employer _____ Tel # _____

Cell Phone # _____ E-Mail Address _____

Emergency Contact _____ Tel # _____

How did you find-out about Florida Sports Martial Arts Academy?

*** Check the Benefits you would like to experience from Florida Sports Martial Arts Academy**

<input type="checkbox"/> Physical Fitness	<input type="checkbox"/> Self Defense	<input type="checkbox"/> Better Athletic Skills
<input type="checkbox"/> Better Concentration	<input type="checkbox"/> Weight Control	<input type="checkbox"/> Temper Control
<input type="checkbox"/> Self Confidence	<input type="checkbox"/> Self-Discipline	<input type="checkbox"/> Respect for others
<input type="checkbox"/> More Energy	<input type="checkbox"/> Better Mental Attitudes	<input type="checkbox"/> Better Grades

I, the undersigned, hereby make application for enrollment into the Martial Arts class & Course/Summer Camp of Florida Sports Martial Arts Academy. I further agree that the applicants, be it my child or myself, is in good mental and physical health and knows of no reasons that would limit the applicants from Sports and or Martial Arts Discipline and Training. I, hereby release the Florida Sports Martial Arts Academy, Inc., its agents, servants, and employees, and any other persons, sponsors, associations and business entities in any way associated in this organization, from any and all liability due to injuries that I may incur as a result of my attendance and/or participation during any activities. Furthermore, I hereby waive any compensation whatsoever for the use of pictures or video production of myself, utilized by those associated with this organization, for any profit-making at any time. I clearly understand that aspects of this sport involve bodily contact. I have read, understand and agree to abide by the rules associated with participation and assume all responsibility and any associated liability for infringement of such rules. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to participate.

Students / Parents or Guardians Signature

Date