



Leading Edge Martial Arts

Introductory Registration

Introductory Class

1st - Date: _____ Time: _____

2nd - Date: _____ Time: _____

Staff Member Scheduling: _____

Name: _____ Age: _____ D.O.B _____ / _____ / _____

Address: _____ City: _____ State: _____ Zip: _____

Mobile: _____ Email: _____

Father's Name: _____ Mobile: _____ Email: _____

Mother's Name: _____ Mobile: _____ Email: _____

____ Martial Art	Objectives
<input type="checkbox"/> Physical Conditioning <input type="checkbox"/> Weight Control <input type="checkbox"/> Stress Relief <input type="checkbox"/> Meet New Friends <input type="checkbox"/> Personal Challenge <input type="checkbox"/> Other _____	____ LEMA FIT & Cage Fitness <input type="checkbox"/> Self Confidence <input type="checkbox"/> Self Discipline <input type="checkbox"/> Self Defense <input type="checkbox"/> Family Activity <input type="checkbox"/> Academic Achievement

How did you hear about Leading Edge Martial Arts?

<input type="checkbox"/> Store Front Sign	<input type="checkbox"/> Yellow Pages
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Internet
<input type="checkbox"/> Fb/Social media	<input type="checkbox"/> TV
<input type="checkbox"/> Email Marketing	<input type="checkbox"/> Demo (where) _____
<input type="checkbox"/> School Program (School Name) _____	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Present Member _____	

I/We realize that such activity involves the potential for injury which is inherent in martial arts activities and exercise programs. The undersigned agrees to release Leading Edge Martial Arts and its principles and instructors from such claims or responsibilities for injuries that I/We might receive from these activities. I have answered the above questions completely and understand that the fee paid for the Introductory Program is not refundable.

Student or Guardians Signature _____ **Date** _____ **(Fee Paid)** _____