

TROY BLACK BELT ACADEMY, INC.

ENROLLMENT FORM

5939 JOHN R ROAD
TROY, MICHIGAN 48085

248-828-4455

www.troyafterschool.com

PARENT'S NAME(S) _____

CHILD'S NAME _____ DOB _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE/CELL _____

EMERGENCY CONTACT _____

DOES YOUR CHILD HAVE ANY ALLERGIES WE SHOULD KNOW ABOUT _____

NAME(S) OF PERSON(S) AUTHORIZED TO PICK-UP YOUR CHILD _____

NAME OF SCHOOL YOUR CHILD ATTENDS _____

HOW DID YOU HEAR ABOUT US _____

WAIVER AND RELEASE

I, Parent(s), am aware and agree that the above named Child is engaging in physical exercise, and the use of equipment, use of the school's facilities, training and instruction, which can be dangerous to the Child and could cause injury to Child. Parent(s) voluntarily agrees that Child will participate in these activities and Parent(s) assumes all risks of injury to Child, which may result. Parent(s) hereby waives and releases any claim or right to sue the Troy Black Belt Academy, Inc., its employees or agents for injury to Child, which may result. Parent(s) has carefully read this waiver and release, and fully understand it is a release of all liability and damage of the Troy Black Belt Academy, Inc. for any injury. The Troy Black Belt Academy, Inc. will make no evaluation or recommendation whether Child is sufficiently physically fit for any exercise activities. It is always advisable to Parent(s) to consult with Child's physician before Child undertakes any physical exercise program, particularly martial arts activities.

SIGNATURE _____ DATE _____