



# CALVARY MARTIAL ARTS



\*\*\*\*FEES ARE \$100.00 A MONTH AND PAYMENT IS DUE ON THE 5th \*\*\*\*

Classes are Monday, Tuesday and Thursday held in the FLC Aerobics Room

\*5:30-6:30 - White Belt thru Orange Belt - Beginner

\*6:30-7:30 - Green Belt thru Black - Advanced

**\*\*Required Equipment\*\***

\*mouth piece \*cup/male protective gear

**---PLEASE SEE OFFICE FOR MEDICAL CONDITIONS INFORMATION FORM---**

Existing Medical Conditions that would limit exercise, ex. Hypertension, Epilepsy, Autism, Allergies. yes\_\_\_ no\_\_\_. (if yes please attach Par Q, see office for form)

Participant's Name \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Father's Wk PH \_\_\_\_\_ CELL PH \_\_\_\_\_ EMPLOYER \_\_\_\_\_

Mother's Wk PH \_\_\_\_\_ CELL PH \_\_\_\_\_ EMPLOYER \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Gender: Male/Female Grade \_\_\_\_\_ School \_\_\_\_\_

Select one (Each Class Capped at 20 participants)

Returning Student: yes\_\_\_ no\_\_\_ Class: BEGINNER\_\_\_ ADVANCED\_\_\_

Person (other than parent) authorized to act for parent in an emergency \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Release of All Claims

In consideration for my child being allowed to participate in activities sponsored by Calvary Baptist Church, I hereby release, discharge, indemnify, and agree to hold harmless Calvary Baptist Church, its directors, officers, employees, agents, and all volunteer personnel from any and all liability for personal injuries and/or damage(s), injury or illness that may be suffered by the above participant.

I/we further agree to indemnify and hold harmless Calvary Baptist Church, its directors, officers, employees, agents, and all volunteer personnel from any claim and/or damages it, or its agents are required to pay as a result of any injury or damage including reasonable attorney fees, litigation expenses, and court costs.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

For more information call 318-687-4922

For Office use Only: Paid Cash, CHECK #OR CC \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_

Make checks payable to Calvary Martial Arts