

# Birthday Registration Waiver Form

Parents Name \_\_\_\_\_

Reside in what City \_\_\_\_\_

Location of Party \_\_\_\_\_ (Drop Down Menu)

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Email \_\_\_\_\_

Students Full Name \_\_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_  
Date of Birth

Students Full Name \_\_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_  
Date of Birth

Parents Electronic Signature \_\_\_\_\_

**I am fully aware that Martial Arts America will provide quality instruction and supervision and that the center or instructors shall not be held responsible for any mishaps or accidents.** Signature also enrolls you to receive additional information regarding classes, summer camps and other events taking place at the school.