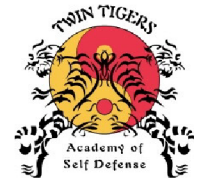


**Twin Tigers Academy of Self Defense**  
700 Harvest Park Dr. Suite #H Brentwood, CA. 94513 513-7591



**STUDENT APPLICATION**

Students name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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Students name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Students name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Program attending: (circle one)

After school program - Group class 6-7 p.m. - Group 7-8:30 - Tiny Tigers -Privates only

Parents Name:(Mom/Dad) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ CA. Zip \_\_\_\_\_

Cell# \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Email address: \_\_\_\_\_

**EMERGENCY CONTACTS**

Emergency Contact- Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Home/Cell/Work#

Phone # \_\_\_\_\_ Home/Cell/Work# Relationship to child: \_\_\_\_\_

Emergency Contact- Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Home/Cell/Work#

Phone # \_\_\_\_\_ Home/Cell/Work# Relationship to child: \_\_\_\_\_

PLEASE NOTE: IF YOUR CHILD WILL BE PICKED UP BY ANOTHER ADULT, PLEASE CALL THE OFFICE AS TO WHOM WILL BE PICKING UP YOUR CHILD. (I.D. will be required when picking up)

Used in an emergency and with only parent consent

Family physician/Hospital: \_\_\_\_\_ Phone# \_\_\_\_\_

Health insurance # \_\_\_\_\_ Doctor name: \_\_\_\_\_

Any SEVERE allergic reactions? (Bee stings, pollen or other) \_\_\_\_\_ Food Allergies: \_\_\_\_\_

Known Allergies to foods? such as Peanut butter: \_\_\_\_\_

Relevant medical information, please describe: \_\_\_\_\_

Any physical or mental conditions that we may need to make accommodations for?

Please describe: \_\_\_\_\_

Have you ever studied Martial Arts before?  yes  no If so, which style: \_\_\_\_\_ Rank: \_\_\_\_\_ #of years \_\_\_\_\_

How did you hear about Twin Tigers Academy of Self Defense? \_\_\_\_\_ Referred by: \_\_\_\_\_

**RELEASE OF LIABILITY**

Martial Arts is a potentially dangerous and rigorous activity. Bumps, bruises, scrapes, scratches and soreness are commonplace and most stunts will encounter this sore sort of minor injury from time to time in their training. Most serious injuries are possible including sprains, twists, cramps and injuries of similar magnitude including fracture bones, broken bones and torn ligaments. Though not all students encounter such serious injuries.

I understand the above statement of risk. I assume ALL responsibility for my own safety (or the safety of my child), understanding and accepting the risks involved with Martial Arts training even if the instructor has informed me that no serious injuries have ever happened in this school or with any of the instructors. I understand that this does not mean that there is possibility of harm. By assuming this risk I completely absolve all instructors, staff, guests, students, landlords management companies and any all other parties of liability for my harm. Unless intentionally caused in criminal conduct.

Students Signature: \_\_\_\_\_ Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_