

Please fill out form, print it, and bring it with you on your first visit:

JAPAN HOUSE

A CULTURAL, FITNESS, WELLNESS CENTER

CLASS REGISTRATION

Name _____

Address _____

Telephone _____

Email _____

Birth Date _____

Medical Condition Limitation _____

Emergency Contact Person _____

Emergency Contact Telephone _____

Program Participation:

Aikido Jujutsu Kempo Qigong Tai Chi Yoga

Referral Source:

Friend Internet Flyer/Brochure Workshop Radio/TV

LIABILITY RELEASE

I understand that I am seeking instruction in activities, which involve strenuous exercise, personal bodily contact, and the use of weapons. As a result, I acknowledge there is inherent risk of injury that cannot be eliminated completely.

Mindful of the risk, I accept full responsibility for any loss, costs, personal injury, and damage resulting from the negligent act or omission by any instructor, officer, director, student, or member of Japan House. I also indemnify and hold harmless Japan House and its teachers from any claims made against them that may arise out of my practice in classes.

Signature

Date

Parent's or Guardian's Signature (for under 18 minor)

Date