



Relford Martial Arts Enrollment Packet

Hello,

Welcome to Relford Martial Arts! I would love to get right into teaching, however, there is some paperwork that we need taken care of in order to safely instruct our students.

This packet contains various forms which all students must complete before enrolling in training or events with Relford Martial Arts. These forms will help to protect everyone and include the following:

1. Contact Information Form
2. Emergency Medical Treatment Form
3. Relford Martial Arts, LLC Liability Release Form
4. Photography and Videography Consent Form

The above forms are good for up to five members of a family. After you have filled them out and signed the forms, return them to an instructor as soon as possible. If you have any questions, please feel free to ask.

Thank You,

Jordan Relford and Therese M. Guy

Student Contact Information

Please Print Neatly! If any requested information is not relevant, please leave it blank.

Today's Date: _____/_____/_____

Student(s):

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____)_____ Text to this phone ___Yes ___ No

Work Phone: (_____)_____

Cell Phone: (_____)_____ Text to this phone ___Yes ___ No

Email: _____

If the student is under 19 years of age, please complete the remainder of this form. You only need to fill in the information if it differs from the Student Information above.

Parent/Guardian:

Name: _____

Relationship: _____

Home Phone: (_____)_____ Text to this phone ___Yes ___ No

Work Phone: (_____)_____

Cell Phone: (_____)_____ Text to this phone ___Yes ___ No

Email: _____

Parent/Guardian:

Name: _____

Relationship: _____

Home Phone: (_____)_____ Text to this phone ___Yes ___ No

Work Phone: (_____)_____

Cell Phone: (_____)_____ Text to this phone ___Yes ___ No

Email: _____

Permission to Seek Emergency Medical Treatment

Please detail any pre-existing medical conditions that instructors should know about on the back of this form. I, the undersigned, do hereby grant permission for instructors of Relford Martial Arts, LLC to seek emergency medical treatment for me and/or my child or children. This permission form is valid for the next 2 years from the date signed unless a mutually approved, written amendment is attached.

Medical Facility Name: _____

Address: _____

Primary Doctor's Name: _____

Primary Doctor's Phone: _____

Primary Person to Contact in Case of Emergency: _____

Phone 1: (_____) _____ Phone 2: (_____) _____

Secondary Person to Contact in Case of Emergency: _____

Phone 1: (_____) _____ Phone 2: (_____) _____

Student Name(s) and Signature(s):

Student Name(s) (please print clearly): _____

Student 1 Signature: _____ Date: ____/____/____

Student 2 Signature: _____ Date: ____/____/____

Student 3 Signature: _____ Date: ____/____/____

Student 4 Signature: _____ Date: ____/____/____

Student 5 Signature: _____ Date: ____/____/____

Name and Signature of Parent/Guardian if student is a minor (under 19):

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: ____/____/____

Student Waiver

Relford Martial Arts, LLC

I attest to the fact that I am at least 19 years old, am signing this waiver of my own free will and am the parent or guardian of the student(s) below. The undersigned hereby releases and agrees to hold harmless, Relford Martial Arts, LLC of La Vista, Nebraska, it's employees, and volunteers from any and all liability, costs, claims, demands, or causes of action arising from the participation of the undersigned in any sanctioned Relford Martial Arts, LLC program of instruction or exercise and any illness or injury arising therefrom.

The undersigned herewith warrants and affirms to Relford Martial Arts, LLC, that I and/or my child(ren) am/are aware of the risk of injury or illness inherent to this type of physical activity, and acknowledges that I and/or my child(ren) have consulted with a physician prior to and physical activity at Relford Martial Arts, and that I and/or my child/children am/are in good health both emotionally and physically. I also understand martial arts is a physical contact sport with which I and/or my child(ren) am/are voluntarily joining. Participants of any Relford Martial Arts, LLC program will follow all safety rules.

This waiver and release is tendered to Relford Martial Arts, LLC as an inducement for the undersigned's acceptance into a program of instruction at Relford Martial Arts, LLC and is valid for 2 years from the date signed. I understand that me and/or my child/children's participation in the program is/are specifically conditional upon the terms and conditions hereof. I, the undersigned, understand and agree to abide by the aforementioned contract and am aware that failure to abide by the rules of participation at Relford Martial Arts, LLC could result in injury, additional fees, penalties, or expulsion from any and all Relford Martial Arts, LLC programs.

THIS WAIVER IS VALID FOR ANY PROGRAM, SEMINAR, TOURNAMENT, OR EVENT
CONDUCTED BY RELFORD MARTIAL ARTS, LLC.

Student Information:

Student 1: _____ Signature: _____

Birthdate: ____/____/____ Email: _____

Student 2: _____ Signature: _____

Birthdate: ____/____/____ Email: _____

Student 3: _____ Signature: _____

Birthdate: ____/____/____ Email: _____

Student 4: _____ Signature: _____

Birthdate: ____/____/____ Email: _____

Student 5: _____ Signature: _____

Birthdate: ____/____/____ Email: _____

Parent/Guardian Signature: _____ **Date:**
____/____/____

Photography and Videography Consent Form

In consideration for participating in activities with Relford Martial Arts, LLC, the undersigned consents to allow Relford Martial Arts, LLC to use any photographs, videos, or other images created while participating in Relford Martial Arts, LLC activities for any purpose. This may include the use of these images for promotional purposes by Relford Martial Arts, LLC including display on any Relford Martial Arts, LLC social media site to include the website. Full names will not be used without prior permission from the undersigned. We may, however use first names. This Consent Form is valid for the next 2 years unless a written amendment is attached.

Student 1: _____ Signature: _____

Student 2: _____ Signature: _____

Student 3: _____ Signature: _____

Student 4: _____ Signature: _____

Student 5: _____ Signature: _____

Yes No I give permission for Relford Martial Arts, LLC permission to use my child's first and last name for promotional purposes to include display on any Relford Martial Arts, LLC social media site to include the website.

Parent/Guardian Signature: _____ **Date:**
_____/_____/_____