

**Passport Size**

**Photo**

**Krav Maga Trainee Registration Form**

First + Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that Krav Maga classes, seminars, camps for children, youth or adults as well as other Krav Maga activities can be dangerous, but I am voluntarily choosing to participate in some or all these activities and agree to assume the risk associated with my participation therein.

I understand that I am assuming full responsibility for isolated incident or accidents and all risks of death, personal injury, emotional pain and suffering, property damage and economic loss that might be suffered by me from my participation in these activities and classes.

I hereby further agree to release, indemnify and hold completely harmless the Krav Maga organizers, instructors and volunteers of the Krav Maga activities, classes and all other entities associated with them and independent contractors harmless from any and all liability and costs, including attorney fees, associated with or arising from my participating in the activities and classes, waiting at or on premises to participate in such activities and classes, and walking through the premises prior to or after such activities and classes.

I will volunteer to self-assess my Physical Activity Readiness using the standard Physical Activity Readiness Questionnaire to determine my Readiness level and seek any medical review if needed before or after any lessons. Website link are also be reference here: https://tinyurl.com/parqsg123

I acknowledge Images taken maybe be taken for documentation purposes and can be made public on our respective platforms for training and development and media purposes relating to Krav Maga.

Address 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Identification Number: \_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Other Martial Art Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade/Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms and Conditions**

