

**ARMONK MARTIAL ARTS, Inc**

Elide Plaza, 111 Bedford Road  
Armonk, New York 10504  
Phone (914) 273-2020  
armonkkarate@gmail.com

**JUNIOR APPLICATION FORM**

Date \_\_\_\_\_

Child's Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Present Age \_\_\_\_ Sex \_\_\_\_\_

**PROGRAM** Please indicate the day(s) and time your child will be attending.

Juniors ( grade K- ages 14 ) Mon. \_\_\_\_ Tues. \_\_\_\_ Weds. \_\_\_\_ Thurs. \_\_\_\_ Fri. \_\_\_\_ Sat \_\_\_\_  
9:30 \_\_\_\_ 10:25 \_\_\_\_ 3:45 \_\_\_\_ 4:00 \_\_\_\_ 4:40 \_\_\_\_ 5:40 \_\_\_\_ 6:40 \_\_\_\_

Preschoolers ( ages 3 - 5) Mon. \_\_\_\_ Tues. \_\_\_\_ Weds. \_\_\_\_ Thurs. \_\_\_\_ Fri. \_\_\_\_  
1:00 \_\_\_\_ 2:00 \_\_\_\_ 2:15 \_\_\_\_ 2:30: \_\_\_\_ 3:00 \_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**Mother** Name (last) \_\_\_\_\_ (first) \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ email \_\_\_\_\_

**Father** Name (last) \_\_\_\_\_ (first) \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ email \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE NOTIFY** (other than parent)

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**ARE THERE ANY MEDICAL PROBLEMS WE SHOULD BE AWARE OF?** (allergies, asthma)

\_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT *ARMONK MARTIAL ARTS*?** ( yellow pages, Magazine ad, friend )Please be specific.

\_\_\_\_\_

**WHAT ARE YOU INTERESTED IN YOUR CHILD OBTAINING FROM THE PROGRAM?**

\_\_\_\_\_

**PLEASE READ AND SIGN THE BACK OF THIS APPLICATION**

**PARENT/GUARDIAN WAIVER & HOLD HARMLESS AGREEMENT**

I understand that if my son/daughter(s) application for membership is accepted, either orally or in writing, by Armonk Martial Arts, Inc., then I acknowledge and hereby release and hold harmless the corporation, its said shareholders, officers, board of directors, instructors, members, employees, agents and its duly authorized and invited guests or observers from any and all claims of injury to property or persons, which my son/daughter may receive while participating in the activities of Armonk Martial Arts, Inc., and in specific, but not by way of limitation, for the following circumstances:

1. Injury which may occur while in the course of training. For the purpose of this subparagraph, the term "in the course of training" shall be deemed to imply any period of time which encompasses travelling to and from and training room, place of instruction, place of competition or place of observation, and shall also include self training or with others when said instructor of Armonk Martial Arts, Inc., is or is not present, or at events other than the aforesaid " in the course of training".

2. For the purpose of this release/waiver and hold harmless agreement, the term, "injury" shall include any damage done to person or property as a result of the activities of Armonk Martial Arts, Inc., whether or not the said injuries are immediately apparent upon its occurrence.

3. I hereby agree that said release/waiver hold harmless agreement shall extend to all claims for injury as aforesaid, including the costs of litigation or attorneys fees and other incidental expenses incurred by Armonk Martial Arts, Inc., in the defense of any lawsuit or to enforce this hold harmless agreement.

4. I do hereby affirm that my son/daughter is in good physical condition and that he/she has no disabilities or medical problems that would be aggravated by physical activity. I do hereby further state that he/she has been examined by a physician and that examination showed that he/she is sound health and able to participate in Martial Arts training.

5. It is understood and agreed that Armonk Martial Arts, Inc., shall not be liable for any damages arising from personal injuries sustained by my son/daughter in, on or about the premises, resulting from or arising out of the use of the facilities and equipment in the school.

I HAVE BEEN MADE AWARE THAT THE PRACTICE OF MARTIAL ARTS INVOLVES THE RISK OF INJURY AND I AGREE, TO THE BEST OF MY ABILITY, TO HAVE MY SON/DAUGHTER FOLLOW THE DIRECTIONS OF THE INSTRUCTORS OF ARMONK MARTIAL ARTS, INC. SO AS TO MINIMIZE THE RISK OF INJURIES.

DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_

Armonk Martial Arts, Inc.  
Elide Plaza, 111 Bedford Road  
Armonk, New York 10504  
Phone (914) 273-2020

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ADULT APPLICATION FORM

Date \_\_\_\_\_

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Present Age \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

IN CASE OF EMERGENCY PLEASE NOTIFY

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

ARE THERE ANY MEDICAL PROBLEMS WE SHOULD BE AWARE OF? (allergies, asthma)

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HOW DID YOU FIND OUT ABOUT *ARMONK MARTIAL ARTS*?

(yellow pages, magazine ad, friend) Please be specific.

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WHAT ARE YOU INTERESTED IN OBTAINING FROM THE PROGRAM?

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**PLEASE READ AND SIGN THE BACK OF THIS APPLICATION**

**ARMONK MARTIAL ARTS Inc.**  
**WAIVER & HOLD HARMLESS AGREEMENT**

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1. Injury which may occur while in the course of training. For the purpose of this subparagraph, the term "in the course of training" shall be deemed to imply any period of time which encompasses travelling to and from and training room, place of instruction, place of competition or place of observation, and shall also include self training or with others when said instructor of Armonk Martial Arts, Inc., is or is not present, or at events other than the aforesaid " in the course of training".

2. For the purpose of this release/waiver and hold harmless agreement, the term, "injury" shall include any damage done to person or property as a result of the activities of Armonk Martial Arts, Inc., whether or not the said injuries are immediately apparent upon its occurrence.

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4. I do hereby affirm that I am in good physical condition and that I have no disabilities or medical problems that would be aggravated by physical activity. I do hereby further state that I have been examined by a physician and that examination showed that I am in sound health and able to participate in martial arts training.

5. It is understood and agreed that Armonk Martial Arts, Inc., shall not be liable for any damages arising from personal injuries sustained in, on or about the premises, resulting from or arising out of the use of the facilities and equipment in the school.

I HAVE BEEN MADE AWARE THAT THE PRACTICE OF MARTIAL ARTS INVOLVES THE RISK OF INJURY AND I AGREE, TO THE BEST OF MY ABILITY, TO FOLLOW THE DIRECTIONS OF THE INSTRUCTORS OF ARMONK MARTIAL ARTS, INC. SO AS TO MINIMIZE THE RISK OF INJURIES.

DATE \_\_\_\_\_

NAME (please print)

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

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DATE \_\_\_\_\_

NAME (please print)

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

PHONE

EMAIL

{ \_\_\_\_\_ }

\_\_\_\_\_