

FULL CIRCLE MARTIAL ARTS & YOGA LLC  
 20144 Pineville Road Suite C  
 Long Beach, MS 39560  
[fullcirclemartialartsandyoga@gmail.com](mailto:fullcirclemartialartsandyoga@gmail.com)  
 228-273-7951  
 Chief Instructor: John Miller



Full Circle Martial Arts & Yoga LLC:  
 Registration Fee: **\$75.00** Date Paid: \_\_\_\_\_

Student Gi Size: \_\_\_\_\_ Student Sparring Gear Size: \_\_\_\_\_

**Registration Form:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have any medical conditions that need to be noted? \_\_\_\_\_

In case of emergency whom may we contact?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mark below which classes you're interested in attending:

- |  |   |
|--|---|
| <input type="checkbox"/> Karate            | <input type="checkbox"/> Yoga                 |
| <input type="checkbox"/> HIT Karate        | <input type="checkbox"/> Kickboxing           |
| <input type="checkbox"/> Sparring          | <input type="checkbox"/> Women's Self-Defense |
| <input type="checkbox"/> Peaceful Warriors | <input type="checkbox"/> Meditation           |
| <input type="checkbox"/> Private Lessons   | <input type="checkbox"/> Adult Classes        |

Total membership due each month: \_\_\_\_\_

**\*\*\* NOTE: Each membership is due at the first of every month, or prior to class for drop-ins**

\_\_\_\_\_  
 Student Signature Parent or Guardian Signature

\_\_\_\_\_  
 Instructor Signature Date: