

Complete Martial Arts and Fitness

**** Please refer to liability release and express assumption of risk before filling out application. ****

Personal Information

Student First Name	Last	D.O.B	Age	Home Phone ()	Work Phone ()
Address				Province	Postal Code
Emergency Contact Name		Last		Home Phone ()	Work Phone ()
Address (If different from student)				Province	Postal Code
Guardian First Name		Last		Relation to Student	
				Home Phone ()	Work Phone ()
Address (If different from student)				Province	Postal Code
Email Address					

Membership Information

Your Membership begins on _____ / _____ / _____ and ends on _____ / _____ / _____ <div style="text-align: center; font-size: small;"> Month Day Year Month Day Year </div>
Yearly Membership fee \$ _____

I, _____ have read and completed Complete Martial Arts and Fitness's liability release form and application. I agree to abide by these agreements and regulations and acknowledge receipt of a true copy of this agreement.

Membership Issuer _____

Date: _____

Member's Signature _____

Date: _____