

THE SAWBUCK DO JANG

STUDENT APPLICATION FORM

Student's Name: _____ Start Date: _____
(last) (first)

Address: _____ Birthday: _____

Phone numbers: _____
(home) (emergency)

Email address: _____

Please list any health or physical restrictions:

Terms of Contract and Liability Agreement:

- 1) The signature of the application stipulates the student is physically sound enough to participate in a normal routine of martial arts training. It further stipulates that this student is either fully insured by an accident or medical policy that will cover any personal injury that may occur as a result of activities at The Sawbuck Do Jang and during the student's training, or that the member will take all financial responsibility for such occurrence.
- 2) The student understands that the study of the martial arts has the potential for serious injuries. The student agrees that The Sawbuck Do Jang and its instructors shall not be held responsible for accidents, injuries, illness, or loss of personal property suffered during time at or around the studio and during the student's training.
- 3) Student must always be aware of surrounding environment and members. If the student does not feel that they are in a healthy or safe setting, it is up to their discretion to make others aware and/or remove themselves from unsafe situations. Members and students will always work toward promoting safety, health and well being of people and settings where they practice their martial arts be it in the Do Jang, at home or in an outdoor setting.

Applicant, parent or guardian signature:
