



Welcome to Gilliland Academy Martial Arts

New Student Application

Student(s) Name: _____

Address: _____

City: _____

Postal Code: _____

Student (s) Birthday: _____

Home Phone: _____

Office Phone: _____

Mobile Phone: _____

E-Mail: _____

Parents Name(s): _____

Occupation: _____

How did you hear about us?

Have you ever done Martial Arts before? ☐ Yes ☐ No

If yes, When was the last time? _____ Where? _____ For how long? _____

What other activities are you currently involved in? _____

Do you have any health conditions or injuries we need to be aware of? Please explain: _____

Why do you want to learn Martial Arts? *Please select up to three reasons below:*

Self Defense

Self Confidence

Fitness

To compete

To learn Martial Arts

Reduce Stress

Self Discipline

Fun

Flexibility

Relaxation

Social Activity

Other, please explain: _____

ACKNOWLEDGEMENT AND RELEASE FORM

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Gilliland Martial Arts Academy representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Martial Art Classes, Self Defense Seminars and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of Gilliland Martial Arts Academy, representatives or agents. **Please note: Participants must have protective equipment (Academy Approved)**

The undersigned acknowledges that:

1. He/She is desirous of using, as a member on a membership basis, the Martial Arts School herein referred to as "Gilliland Martial Arts Academy".
2. He/She has received a completely executed copy of this agreement.
3. He/She confirms that there were no verbal presentations other than those specified in this agreement.
4. He/She understands there is a strict no refund policy on any monies paid to Gilliland Martial Arts Academy.
5. He/She may be photographed or filmed while attending at the premises of Gilliland Martial Arts Academy and he/she gives permission to Leadership Academy, and any affiliates to use any and all photos, video footage, and/or video streaming for promotional, sales, publicity, and advertising purposes for all media including internet.
6. The waiver was read and he/she agrees to abide by it.

If student is under age 18, please provide complete information below:

Parent/Guardian Name: _____

Phone Number: _____

Gilliland Academy Representative

Student Signature

Date

Parent/Guardian Signature : (if participant is under 18 years of age)