



# Student Registration

Waunakee Black Belt Academy  
333 South Madison Street, Waunakee, WI 53597  
(608) 469-6051



## PLEASE PRINT

Date \_\_\_\_\_

Child Name \_\_\_\_\_

Age \_\_\_\_\_

Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Height \_\_\_\_\_

Are there any physical ailments / limitations that may interfere with training? Yes / No  
If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Emergency contact phone \_\_\_\_\_

### Course Information

For 1<sup>st</sup> through 12<sup>th</sup> graders

Minimum students: 5 Maximum: 15

Fee: \$135, includes uniform and rank testing fee

Tuesdays 3:45-4:30 p.m.

March 9, 16, 23, April 6, 13, 20, 27. May 4

*In consideration for my attendance and participation in this academy's martial arts training, I, the student/parent, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve the academy, its management, assigned staff, and fellow students from any liability resulting from personal injury or loss of personal belongings. I also hereby state that the students named above are physically fit to take the prescribed course of instruction and do so of their own free will for an agreed upon fee. I understand there is a no refund policy on any monies I will pay to this academy. I agree that photos/film taken of myself or my children may be used for publicity.*

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Print Name \_\_\_\_\_