

# WALLACEBURG MARTIAL ARTS

WWW.WALLACEBURGMARTIALARTS.COM

505 King St., Von Ayers Cultural Centre, Wallaceburg, ON. N8A-1J1  
(Wallaceburg Museum, upstairs at the Jeanne Gordon Theatre)

(519) 917-5133

Email: [WallaceburgMartialArts@gmail.com](mailto:WallaceburgMartialArts@gmail.com)



## Student Candidate Application

(Revised January 2017)



Student Candidate's Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*DD MM YEAR*

Address: \_\_\_\_\_  
*# Street, City Postal Code*

Telephone #: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Email address: \_\_\_\_\_

Medical or other conditions we should be aware of? Please be specific.

**I HAVE READ THE RELEASE AND WAIVER OF LIABILITY FORM, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

You or parent/legal guardian also grant full rights to use any pictures or images taken in connection with these events for promotional uses and waive compensation in regards to this use.

Since this agreement will apply to all future class sessions, it will not be necessary to sign another waiver when registering for future Sessions.

**I declare under penalty of perjury, that I have no criminal record that would exclude my participation in this club / dojo or any interaction with other students.  You MUST initial this box!**

Date: \_\_\_\_\_ Your Name: \_\_\_\_\_  
*(Please Print Clearly)*

Your signature: \_\_\_\_\_  
*(All class members under the age of 18 must have a parent or legal guardian sign this waiver)*

Received by: \_\_\_\_\_  
*Registrar Signature Printed Name Date*