

Location _____
Transfer _____ From _____

Cash _____
Check # _____ \$ _____

REGISTRATION FORM

Child's Name: _____ Age: _____ Birthday: _____ Rank: _____

Child's Name: _____ Age: _____ Birthday: _____ Rank: _____

Child's Name: _____ Age: _____ Birthday: _____ Rank: _____

Child's Name: _____ Age: _____ Birthday: _____ Rank: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

PARENTS/GUARDIANS NAME: _____

EMAIL ADDRESS: _____

Liability release: I, the parent or guardian of the student(s) listed above, do here by agree to release all liability and claims, against Mighty Strong Kids, and agree to hold harmless, any liability against any sponsoring organization, facility, instructor, and any other party involved, due to any injuries, accidents, negligence, or any other circumstance arising from participation in this self-defense program with respect or any time prior, during and after class.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

	<u>Class Fees*</u>	<u>Uniforms</u>	<u>Equipment</u>	<u>TOTAL</u>
1 st Child:	_____	_____	_____	\$ _____
2 nd Child:	_____	_____	_____	\$ _____
3 rd Child:	_____	_____	_____	\$ _____
4 th Child:	_____	_____	_____	\$ _____
			TOTAL:	\$ _____

***Note: No refunds on pre-paid classes that your child does not attend. NO EXCEPTIONS.**