



# Calvin Chin's Martial Arts Academy, Inc.

66 Winchester Street • Newton Highlands, MA 02461 • (617) 527-8890

## Membership Registration

### Individual Membership (18 years or older)

Name \_\_\_\_\_ F  M  Day Phone ( ) \_\_\_\_\_ Eve Phone ( ) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone Contact \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_ Eve Phone ( ) \_\_\_\_\_

Prior Martial Arts Experience \_\_\_\_\_ Years \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Youth Membership (under 18 years of age)

Name \_\_\_\_\_ F  M  Birth date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone Contact \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Parent Name \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_ Eve Phone ( ) \_\_\_\_\_

Parent Name \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_ Eve Phone ( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_ Eve Phone ( ) \_\_\_\_\_

Prior Martial Arts Experience \_\_\_\_\_ Years \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Family Membership

Parent or Guardian \_\_\_\_\_ F  M  Day Phone ( ) \_\_\_\_\_ Eve Phone ( ) \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ F  M  Day Phone ( ) \_\_\_\_\_ Eve Phone ( ) \_\_\_\_\_

Youth \_\_\_\_\_ F  M  Birth Date \_\_\_\_\_ Class Title(s) \_\_\_\_\_ Class Day(s) \_\_\_\_\_ Time \_\_\_\_\_

Youth \_\_\_\_\_ F  M  Birth Date \_\_\_\_\_ Class Title(s) \_\_\_\_\_ Class Day(s) \_\_\_\_\_ Time \_\_\_\_\_

Youth \_\_\_\_\_ F  M  Birth Date \_\_\_\_\_ Class Title(s) \_\_\_\_\_ Class Day(s) \_\_\_\_\_ Time \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone Contact \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_ Eve Phone ( ) \_\_\_\_\_

Prior Martial Arts Experience \_\_\_\_\_ Years \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Release:** The undersigned hereby agrees that neither Calvin Chin's Martial Arts Academy nor its agents, employees, officers or directors shall be liable for any injuries, damages or losses sustained by the above named participant(s) which are in any way related, whether directly or indirectly, to participation in programs held or sponsored by Calvin Chin's Martial Arts Academy (including without limitation Kung Fu, Tai Chi and/or Wushu Classes, Specialty Classes, Open Sessions, Workshops, Seminars, Parties, Tournaments, Exhibitions and/or Special Events). Furthermore, the undersigned agrees to have annual evaluations by a physician, which states that the above named participant(s) has no medical condition, which would preclude the safe participation in program(s) of active physical exercise that are moderate to strenuous in exertion.

Participant or Parent/Guardian: \_\_\_\_\_ (signature) Date: \_\_\_\_\_

Participant or Parent/Guardian: \_\_\_\_\_ (signature) Date: \_\_\_\_\_