



Amerstate University
401 Wisconsin Ave.
Racine, WI 53403
Tel: 262.635.0615

Registration Form for Martial Arts Training Center

Students' Name: _____

Address: _____ **City:** _____ **STATE:** _____ **ZIP:** _____

Phone: _____ **Alternate Phone:** _____

Email: _____

DOB: _____ **Age:** _____ **Sex:** _____

Parent/Guardian Information (Please fill out if student is under 18)

Parent/Guardian Name: _____

Address: _____ **City:** _____ **STATE:** _____ **ZIP:** _____

Phone: _____ **Alternate Phone:** _____

Email: _____

Emergency Contact Information

Emergency contact name: _____

Phone: _____ **Alternate Phone:** _____

Relationship to student: _____

Emergency contact name: _____

Phone: _____ **Alternate Phone:** _____

Relationship to student: _____

Student's Medical History: (Please note that your medical information will not be shared with anyone except medical personnel, as necessary, in case of an emergency.)

General Health: _____ Excellent _____ Good _____ Fair _____ Poor


Are you currently taking any medication: _____ Yes _____ No **Date of last physical:** _____

If yes, for what purpose? _____

Do you have any medical conditions that could affect your ability to perform any aspect of martial arts or that may be a cause of concern to yourself or the instructor? _____ Yes _____ No

If yes, please explain: _____

In case of serious emergency, is there anything that medical personnel should be informed of: (allergies, medical condition, etc.)

Continued on reverse 

Form of Marital Arts Interested In: _____

Applicant's Release Statement:

I have read all of the information and requirements to attend the Martial Arts Training Center's general martial arts classes. I fully understand the cost of the program and agree to accept responsibility for payment of these expenses. I understand that payments are due on the first day of class as scheduled each month. I understand that I am required to own and wear a uniform to class, and that I am responsible for the cost of the uniform unless otherwise stated. I understand that additional equipment maybe required to move forward in the training and that I am responsible for the purchase of this equipment. I understand that to continue training I must participate in rank promotion test and that I am responsible for the cost of this testing.

In case of illness/injury, permission is granted to any appropriate medical center to examine or treat as necessary and make any referral deemed appropriate. Permission is also granted to release medical information to the appropriate individuals. I hereby wave and release the program, management, sponsors, affiliates and employees from any and all liability for any injury or illness incurred while enrolled at the Martial Arts Training Center (and associates: Amerstate University, Ltd, AMCOID USA, LLC, World Marital Arts Federation and any other affiliat.).

I will be financially responsible for any medical attention needed during the program. I also release all photographs/images taken of me while at or participating in an event with the Marital Arts Training Center, as property of the Martial Arts Training Center, Amerstate University, or its affiliates; and permit the use of these photographs to be used in any education research and promotional materials.

Signature: _____ Date: _____
Signature of parent or guardian if student is under 18

Amerstate University is a Non for Profit institution. Please ask about how to make a tax deductible donation. All donations will be applied to general fund unless otherwise specified.

For office use only

Payment schedule
Number of students enrolled per family: _____ Student ____ of ____ Total amount due for this student: _____

Payment of \$ _____ is due on the first day of class each month

Paid \$ _____ on _____ by _____ Received by: _____

Class Schedule

DAY: () Mon () Tue () Wed () Thr () Fri () Sat
TIME: () 12pm () 4pm () 5pm () 6pm () 7pm () other: _____

Notes: