



www.VillariOnline.com

STUDENT INFORMATION

Name _____ M F Age _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _(_____) _____ Work Phone _(_____) _____

Email _____ Yes, register me for FREE email updates about our school.

Reason or reasons why you are enrolling (examples: fun, lose weight, develop self-confidence):

Please list any medical conditions that may affect your participation in a martial arts program:

PARENT/GUARDIAN INFORMATION (IF UNDER AGE 18)

Name _____ Relationship _____

If different from above . . .

Address _____ City _____ State _____ Zip _____

Home Phone _(_____) _____ Work Phone _(_____) _____

Email _____ Yes, register me for FREE email updates about our school.

HOW DID YOU HEAR ABOUT US?

Yellow Pages Drive By Internet Mailing Word of Mouth

Open House Newspaper Other Details: _____

Villari's Martial Arts Centers reserves the right to dismiss any student at any time for misconduct or other actions that may convey a bad image at Villari's Martial Arts Centers.

I hereby acknowledge that Villari's Martial Arts Centers is not responsible for any injury suffered on the premises. The undersigned assumes all the risks inherent and incidental to this type of sports activity as a condition for applying for admission to this martial arts center.

I hereby agree and understand that all tuition and other funds paid are non-refundable.

Student Signature

Parent/Guardian Signature

Date