



### FIRST FITNESS

Campus West - Room 102  
Northwest corner of 183 and 157  
205 N. Industrial Blvd.  
Bedford, Texas 76021

Taekwondo Classes are Monday and Thursday nights from 6:30 to 7:30 pm, and Saturdays from 10:00 to Noon.  
Children ages 5-8 class on Mondays 6:00-6:30  
Boot Camps M/Th at 7:45p & Sat at 9:00a  
Jujitsu Thursdays at 5:30p  
Women's Self-Defense Wed(Spring)/Sat(Fall)

### REGISTRATION INFORMATION:

Begin anytime! Cost is just \$25 per student per month (to CMA). Bring this to class and your first lesson is free!



For More Information Call  
**RICHARD GARNER** at (817) 706-2893  
or checkout  
[www.firsteulless.com/fitness](http://www.firsteulless.com/fitness)



# ★ ★ ★ CMA REGISTRATION FORM ★ ★ ★

PARTICIPANT INFORMATION			
Last Name _____	First Name(s) _____	<input type="checkbox"/> Taekwondo	
Phone _____	Gender(s) _____	<input type="checkbox"/> Bootcamp	
Address _____	Church Home _____	<input type="checkbox"/> Jujitsu	
City _____	State _____	<input type="checkbox"/> Women's Self-Def.	
Zip Code _____		<input type="checkbox"/> YES	
E-Mail Address _____		<input type="checkbox"/> NO	

FATHER/GUARDIAN INFORMATION (if minor)		
Last Name _____	First Name _____	MI _____
Relationship _____	Phone _____	
Email _____		

OFFICIAL USE ONLY	
Paid? (Yes/No)	<input type="text"/>
Amount?	<input type="text"/>
Payment Type (Cash/Check#)	<input type="text"/>

MOTHER/GUARDIAN INFORMATION (if minor)		
Last Name _____	First Name _____	MI _____
Relationship _____	Phone _____	
Email _____		

EMERGENCY CONTACT		
Last Name _____	First Name _____	MI _____
Relationship _____	Home Phone _____	
Email _____	Work Phone _____	

PLEASE READ CAREFULLY—RELEASE MUST BE SIGNED	
Does student have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition?	
<input type="checkbox"/> YES   <input type="checkbox"/> NO	If Yes, please state condition: _____ If you wish to have your family doctor contacted in case of emergency: Doctor's Name _____ Phone#: _____

**EMERGENCY AUTHORIZATION (from above):**  
I, the undersigned (parent or legal guardian of the participant if minor), hereby authorize the instructors, assistant instructors or parents of team members acting in the capacity of activity supervisor/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact above emergency contact.

**WAIVER OF LIABILITY AND DISCLAIMER:**  
I acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of the Christian Martial Arts Academy are administered by parents who volunteer their time rather than paid professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless the Christian Martial Art Academy, FBCE, and any representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in Christian Martial Arts events. I also grant CMA permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration.

Signature (Parent or Guardian if minor) \_\_\_\_\_ Date \_\_\_\_\_