



**Danny Antoine's Martial Arts & Fitness Academy**

236 Cunningham Rd, Suite 9  
Franklin, NC 28734  
828.332.0418

**JIU JITSU MEMBER INFORMATION**

**I. PROGRAM MEMBERSHIP ENROLLMENT:**

MEMBER'S LAST NAME	FIRST	DOB	AGE	HOME PHONE
PARENT/GUARDIAN LAST NAME	FIRST	DOB		HOME PHONE
ADDRESS	CITY	STATE	ZIP	
CELL NUMBER	WORK NUMBER	EXT.	EMAIL	
EMERGENCY CONTACT			PHONE NUMBER	

Any Known Medical Conditions? Please Note: \_\_\_\_\_ List Any Medications Currently Taking \_\_\_\_\_

**II. WAIVER AND RELEASE OF LIABILITY**

I agree to release *Danny Antoine's Martial Arts & Fitness Academy* from all liability in case of an accident or injury during the duration of the Karate/Cardio Programs. I agree to indemnify and hold harmless *Danny Antoine's Martial Arts & Fitness Academy*. I certify that I have adequate insurance to cover any injury or damage that myself or my child may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

Signature of member/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**III. PERMISSION FORM TO BE PHOTOGRAPHED AND/OR VIDEOTAPED:**

I or my child has my permission to be photographed and/or videotaped during *Danny Antoine's Martial Arts & Fitness Academy*, Karate/Cardio Programs. I understand that I or my child's photo or video image may be used in media articles, presentation materials, or program materials.

Signature of member/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**IV. AUTHORIZATION FORM TO USE CARD ON FILE:**

PLEASE NOTE: To reserve your place monthly, payment is due on the 1st of each month. In the event of nonpayment by due date, you authorize your credit card to be charged for the amount due plus any applicable late fees and/or outstanding balances.

Cash Check Credit Card: Visa MasterCard Discover AMEX

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

CVV: \_\_\_\_\_

Print: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_