

# RED SUN ENROLLMENT FORM

Please answer all questions – write 'NONE' if it applies

Participating Student: \_\_\_\_\_ Phone-home: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City & Zip: \_\_\_\_\_ Cell Phone-mom: \_\_\_\_\_  
Participating student's age: \_\_\_\_ Birth Date: \_\_\_\_\_ Cell Phone-dad: \_\_\_\_\_  
Mother & Father's name (if minor): \_\_\_\_\_ Work Phone-mom: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone-dad: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_ Email: \_\_\_\_\_

Previous Martial Art Experience?: \_\_\_\_\_

Who to contact in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for training in the martial arts?: \_\_\_\_\_  
Health • Self-Defense • Curious • Fun • Medical Condition • Confidence • Discipline • Love Dogs

~~~~~

## MEDICAL HISTORY – Check all that apply: (use back if you need more space) –information will be confidential

\_\_\_\_ Are you on any **medication**? If so, what? \_\_\_\_\_

\_\_\_\_ Do you have any **allergies**? If so, what? \_\_\_\_\_

\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Bleeding disorders

\_\_\_\_ Do you have any **back or neck** problems \_\_\_\_\_

\_\_\_\_ Do you have any **chronic joint** problems? If so, describe \_\_\_\_\_

\_\_\_\_ Any major **injuries**? If so, please give details/dates: \_\_\_\_\_

\_\_\_\_ Any past **surgeries**? If so, please give details/dates: \_\_\_\_\_

\_\_\_\_ Any **communicable diseases**? If so, what? \_\_\_\_\_

\_\_\_\_ Do you wear **contacts**?

Any other pertinent medical conditions or history? \_\_\_\_\_ (if so, list on back)

~~~~~

I am aware that participating in martial arts is a potentially hazardous activity. I assume all risks for me and/or my child associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport. I hereby release Amy L. Benevento and Red Sun Academy, Inc. from any liabilities that may occur as a result of my participating in the academy. Further, I authorize any necessary emergency treatment of any injury or illness I may experience while participating in any academy function. All such risks are known by me.

I understand this informed consent form and agree to its conditions.

Signature (adult student): \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_