



ON MISSION MARTIAL ARTS

EAST ORLANDO, FLORIDA
(407) 443-3316

ADULT APPLICATION

STUDENT ENROLLMENT INFORMATION

STUDENT NAME _____ AGE _____ DOB _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE # (____) _____ EMERG. CONTACT _____ PHONE# (____) _____

HAVE YOU EVER STUDIED MARTIAL ARTS BEFORE? YES NO

IF "YES", FOR HOW LONG? _____ WHAT STYLE? _____ WHEN? _____

WHAT DID YOU LIKE MOST? _____

WHAT DID YOU DISLIKE MOST? _____

HOW DID YOU HEAR ABOUT ON MISSION MARTIAL ARTS? _____

WHAT IS YOUR CHURCH AFFILIATION, IF ANY? _____

BRIEFLY DESCRIBE YOUR FAITH JOURNEY: _____

(FEEL FREE TO ATTACH A SEPARATE SHEET OF PAPER IF NEEDED)

MEDICAL RELEASE

DOES YOU HAVE ANY MEDICAL PROBLEMS THAT YOU FEEL YOUR INSTRUCTOR SHOULD KNOW ABOUT?
YES NO

IF "YES", PLEASE EXPLAIN _____

PLEASE LIST ANY ALLERGIES TO MEDICINE, FOOD, ETC. _____

I, _____ HEREBY AUTHORIZE ON MISSION MARTIAL ARTS, INC. TO MAKE MEDICAL
DECISIONS FOR ME IN THE EVENT I AM INCAPACITATED OR OTHERWISE UNABLE TO DO SO.

MEDICAL COVERAGE _____

X _____ (STUDENT SIGNATURE)

ON MISSION MARTIAL ARTS, INC.—RULES & POLICIES

(PLEASE INITIAL EACH ONE ACKNOWLEDGING HAVING READ IT.)

1. _____ TWENTY-FOUR HOUR NOTICE IS REQUIRED TO RESCHEDULE ANY REGULARLY SCHEDULED PRIVATE LESSON WITHOUT AN ADDITIONAL CHARGE.
2. _____ CLASSES MISSED WHILE ON VACATION CAN BE RESCHEDULED IF YOU ARRANGE TO PUT A VACATION HOLD ON YOUR ACCOUNT AT LEAST ONE WEEK AHEAD OF TIME.
3. _____ I AGREE TO ABIDE BY ALL CLASS RULES.
4. _____ I AGREE TO TIMELY PAYMENT OF MY CLASS FEES MONTHLY (OR AS ARRANGED) ACCORDING TO THE PAYMENT POLICY.
5. _____ I AGREE TO TREAT THE MARTIAL ARTS LEARNED WITH HONOR AND RESPECT AND WILL NOT USE THEM OUTSIDE THE CLASSROOM OR THEIR OWN PRIVATE PRACTICE AREA WITHOUT BEING UNDER THE DIRECT SUPERVISION OF THE INSTRUCTOR.

I HEREBY APPLY FOR MARTIAL ARTS LESSONS WITH ON MISSION MARTIAL ARTS, INC. UPON ACCEPTANCE, I AGREE TO ABIDE BY THE REGULATIONS IN THE OMMA STUDENT MANUAL GOVERNING SAFETY AND HEREBY REPRESENT TO ON MISSION MARTIAL ARTS, INC. THAT THE STUDENT NAMED IN THIS APPLICATION HAS NO PHYSICAL LIMITATIONS OR INFIRMITIES (OTHER THAN ANY DISCLOSED ABOVE) THAT WOULD AFFECT THE APPLICANT'S ABILITY TO PARTICIPATE IN A PHYSICAL ACTIVITY SUCH AS THE ON MISSION MARTIAL ARTS PROGRAM. I HEREBY WAIVE ANY AND ALL CLAIMS AGAINST ON MISSION MARTIAL ARTS, INC. THAT MAY ARISE OUT OF ANY INSTRUCTION OR PRACTICE SESSION IN WHICH THE STUDENT NAMED IN THIS APPLICATION PARTICIPATES IN AND EXPRESSLY ASSUME ANY RISK INCIDENT TO THIS ACTIVITY.

X _____
SIGNATURE OF STUDENT

DATE

THE ABOVE AND FOREGOING APPLICATION HAS BEEN APPROVED AND ACCEPTED BY ON MISSION MARTIAL ARTS, INC. THIS, _____ DAY, OF _____ 20__