



# ON MISSION MARTIAL ARTS

EAST ORLANDO, FLORIDA  
(407) 443-3316

## MINOR APPLICATION

### STUDENT ENROLLMENT INFORMATION

1ST STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_  
2ND 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? \_\_\_\_\_

### PARENT/GUARDIAN

1ST PARENT NAME \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
2ND PARENT NAME \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
HAVE ANY PARENTS STUDIED MARTIAL ARTS OR CONSIDERED IT? YES NO  
IF YES, PLEASE EXPLAIN \_\_\_\_\_

HOW DID YOU HEAR ABOUT ON MISSION MARTIAL ARTS? \_\_\_\_\_

WHAT IS YOUR CHURCH AFFILIATION, IF ANY? \_\_\_\_\_

BRIEFLY DESCRIBE THE FAITH JOURNEY OF THE STUDENTS AND FAMILY: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL RELEASE

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

IF "YES", PLEASE EXPLAIN \_\_\_\_\_

PLEASE LIST ANY ALLERGIES TO MEDICINE, FOOD, ETC. \_\_\_\_\_

I, \_\_\_\_\_  
(PARENT/GUARDIAN) HEREBY AUTHORIZE ON MISSION MARTIAL ARTS, INC. TO MAKE MEDICAL DECISIONS FOR \_\_\_\_\_  
CHILD(REN) NAME(S) IN MY ABSENCE.

*MEDICAL COVERAGE* \_\_\_\_\_

X \_\_\_\_\_ *(PARENT/GUARDIAN 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 PARTNER WITH THE OMMA INSTRUCTORS TO ENSURE STUDENT(S) 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 PARTNER WITH THE OMMA INSTRUCTORS TO ENSURE THAT STUDENT(S) WILL 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.
6. \_\_\_\_\_ I UNDERSTAND THAT AS PART OF THIS CHRISTIAN MARTIAL ARTS PROGRAM, OMMA STUDENTS PARTICIPATE IN SUCH SPIRITUAL DISCIPLINES AS PRAYER, WORSHIP, BIBLE READING, BIBLE STUDY, SCRIPTURE MEMORIZATION AND ACTS OF SERVICE.

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(S) NAMED IN THIS APPLICATION HAVE 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(S) NAMED IN THIS APPLICATION PARTICIPATE IN AND EXPRESSLY ASSUME ANY RISK INCIDENT TO THIS ACTIVITY.

X \_\_\_\_\_  
SIGNATURE OF APPLICANT PARENT/GUARDIAN

X \_\_\_\_\_  
SIGNATURE OF APPLICANT PARENT/GUARDIAN

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