



Women's Self Defense Course Application

Date: _____

Student's Name: _____ Age: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Restrictions (if any): _____

In consideration for my attendance and participation in this academy's martial arts training, I, the student/ parent/ legal guardian, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve MATI Clubs, M.A.T.I., its management, assigned staff, and fellow students, Nomad Aquatics and Fitness from any liability resulting in personal injury or loss of personal belongings. I also hereby state that the students named above are physically fit to take the prescribed course of instruction and do so of their own free will for an agreed upon fee. **I understand there is no refund policy on any monies I will pay to this academy/ club or representative of said academy/ club.** A parent or legal guardian signature is required if the student is under the age of 18.

Signature: _____

What specifically would you like to accomplish in our Women's Self Defense Course?

PLEASE MAKE CHECKS PAYABLE TO: MATI CLUBS