



Fusion of Movement

6401 E 2nd Street, Prescott Valley, AZ 86314
(928) 775-2520



*Parent Name: _____ Today's Date: _____

*Address: _____ *Phone: _____

*City/State/Zip: _____ *D.O.B. _____

*E-Mail: _____

Emergency Contact Info for child: Name and Phone Number of Emergency Contact

*Facebook Name: _____

I, undersigned, wish to take Dance and/or Fitness and/or Archery and/or Karate instruction at Fusion of Movement. I also wish to participate in all related Dance/Fitness/Archery/Karate activities sponsored by that organization.

I know that Dance and/or Fitness and/or Archery and/or Karate can be demanding physical activities and that have certain inherent risks. I know that those inherent risks may include serious injury and death. I do hereby knowingly and voluntarily assume those risks as condition of my being allowed to participate at Fusion of Movement.

I consent that any pictures or other likeness furnished by me or taken of me in connection with Fusion of Movement, the American Kenpo Karate Academy (AKKA Karate USA) its franchisees, employees or agents for publicity, promotion, or television use may be used. I hereby waive any claim for compensation arising out of such use.

It is understood that the terms listed above also apply to all above activities and the Play Zone for the following children:

Child 1:	D.O.B.
Class: _____	_____
Class: _____	_____
Class: _____	_____
Class: _____	_____

Child 2:	D.O.B.
Class: _____	_____
Class: _____	_____
Class: _____	_____
Class: _____	_____

Child 3:	D.O.B.
Class: _____	_____
Class: _____	_____
Class: _____	_____
Class: _____	_____

Child 4:	D.O.B.
Class: _____	_____
Class: _____	_____
Class: _____	_____
Class: _____	_____

If under 18, this waiver, release and consent must also be signed by a parent or guardian.

Signature of Client

Parent/Guardian (if under 18)

* denote required fields

Please be sure to list ALL classes being registered for.

Admin use only:

[] Entered

[] Comp

[] Signed up

Notes: