

**Intensity Martial Arts Guest Information Card**  
**Please complete this form in its entirety for participation.**

Name:		Age:		Date Of Birth:	
Parent / Guardian Name(s) (If under 18yrs old):					
Address:					
City, State and ZIP:					
Phone:			Email:		
Have you ever received martial arts training?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>What are your learning objectives? (Check as many boxes as apply.)</b>					
Fitness	<input type="checkbox"/>	Self-Defense	<input type="checkbox"/>	Stress Relief	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	Family Activity	<input type="checkbox"/>	Meet New People	<input type="checkbox"/>
Weight Control	<input type="checkbox"/>	Confidence	<input type="checkbox"/>	Other	<input type="checkbox"/>
How did you find out about our school?					

**WAIVER**

I (the student), let Intensity Martial Arts (IMA) know that I have no emotional, mental, or physical illness that could impair or injure me while training. I will make every effort on my part to participate in the facility as safe as possible. Also, I realize that any physical activity has the potential for injury and I waive any claim of accidental and/or negligent tort damage against Intensity Martial Arts, clients, staff, principal officers, and/or instructors resulting from any related activities. I hereby acknowledge an assumption of risk by accepting and agreeing to allow my child and/or I to participate in Martial Arts and/or any other related activities.

Student Signature\_\_\_\_\_

Parent/Guardian Signature (If under 18)\_\_\_\_\_

Date\_\_\_\_\_

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