



REGISTRATION / WAIVER FORM

Child's Name: _____ DOB _____

Address: _____

Parent's Phone #: _____ E-Mail _____

Child's Age: _____ Allergies: Yes ___ No ___ If yes, please explain:

Any sickness, health diagnoses or injuries TriJohn Martial Arts Program should be aware of:
Yes ___ No ___ If yes, please explain:

On a level between 1 and 10 (10 being the greatest), how will you rate your child's physical activities: _____

On a level between 1 and 10 (10 being the greatest), how will you rate your child interactions with his/her pals: _____

On a level between 1 and 10 (10 being the greatest), how will you rate your child's diet, Note: lots of fast foods being at the lesser end: _____

Do you consider your child an introvert or extrovert: _____

Has your child ever complained of being bullied: yes ___ No ___

If your child is of an evaluation age in school, what is the grade point average, e.g. A, B, C, D, F or Good, Satisfactory, Excellent, Needs Improvement: _____

How do you feel your child may benefit by being part of the Junior Nin-Ja Program:

I, _____, wish to allow my child to participate in Trijohn Martial Arts / Junior Nin-Ja Program. I understand there are some risks in participating in any Martial Arts, self-defense or exercise regimen programs. Consequently, my child has been examined by my physician of my choice and I am confirming that no physical or mental condition has been determine to inhabit (or disallow) my child from participating in this program.

I agree that Trijohn Fitness, Inc. shall not be liable or responsible for any injuries to my child resulting from his/her participation in this program. I express release and discharge Trijohn Fitness Inc., its owners, trainers, employees, agents and/or assigns from all claims actions, judgments, and the like which I or my heirs, executors, administrators or assigns may have as result of any injuries which may occur in connection with my child's participation.

I have read and understand this term : _____(initials)

This registration and enrollment form is dated as of _____, 20____, by in between TriJohn Fitness, Martial Arts / Self Defense Program and the undersigned.

Times of Services:

The Junior Nin-Ja Program will be scheduled on Saturday afternoons between the hours of 3:00 p.m. and 4:00 p.m. (classes will start on time)- Parents/guardians will be notified via email or telephone if and when more classes are added. Parents are asked to pick up their child or children no later than 15

minutes after the completion of classes. Additional charges may apply if your child or children isn't picked up within the allocated 15 minutes grace period.

Fee for Services:

The TriJohn Fitness and Martial Arts "Junior Nin-Ja Program has a onetime registration & processing fee in the amount of \$180.00, this fee will included:

- First month tuition
- Uniform (top, bottom and starter white belt)
- Back Pack carrying bag
- Processing Fee

Each additional month, payments shall be made in the following manner during first week of each month @ \$80.00.

- Check or Money Order paid on location (Payment Drop Box)
- Mail to: TriJohn Fitness Inc. P.O Box 1103 Dumfries, Va. 22026
- On the web at: www.trijohnfitness.com
- Note: There will be a \$35.00 non-refundable processing fee on all returned checks

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1. I understand and agree that it is my responsibility to inform TriJohn's Staff of any conditions or changes in my child's health, now and ongoing, which might affect his/her ability to train safely and with minimal risk of injury. I have read and understand this term: _____(initials)
 2. I understand that all sessions are non-transferable and non-refundable: _____ (initials)

3. I understand that TriJohn's Staff will thoroughly explain to my child / children to please tell someone when he or she isn't feeling well or may be suffering an injury unbeknownst to TriJohn's Staff or his/her parents: _____(initials)

Client Signature: _____ Date: _____

Instructor Signature:
_____ Date: _____