



The Sonoma School of Martial Arts

P.O. Box 4261, Napa, CA 94558 | Tel: 707-225-4829 | Email: info@hrknapa | Website: www.hrknapa.com

RELEASE FORM

The following paragraphs are related to the "Releases" listed below. Initialing on Registration Form by parent/guardian specifies consent for **ALL** releases listed.

MEDICAL TREATMENT RELEASE

As parent/guardian of the minor listed on the Student Questionnaire, I hereby grant The Sonoma School of Martial Arts' adult staff/supervisors permission to provide and sign for emergency medical treatment for the minor listed while in any program offered by The Sonoma School of Martial Arts.

PUBLIC MEDIA RELEASE

As the student or parent/guardian of the minor listed on the Student Questionnaire, I agree that The Sonoma School of Martial Arts may use my or my child's photograph in any public media format on a non-commercial, program promotion basis without remuneration to me or my child.

GENERAL LIABILITY RELEASE

In consideration of participation in this program, I also agree to indemnify and hold The Sonoma School of Martial Arts harmless, and release The Sonoma School of Martial Arts from any and all liability claims, and necessary costs and expenses for any loss/damage to property or injury from any cause whatsoever regardless of negligence, which may be suffered by individuals registered in this program, arising out of, or in any way connected with participation in this program and/or use of the premises.

Students/Parents Please Initial Below:

_____ I have read and understand the **Release Form** contained herein. I agree to the terms specified in the release statements for: **Medical Treatment, Public Media, Internet, and General Liability.**

Date

Signature of Parent or Guardian

Date

Signature of Student / Participant

Telephone

Email/Address



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STUDENT QUESTIONNAIRE

Name (first): _____		Name (last): _____	
Address: _____			
Age: _____	Date of Birth: _____	M/F: []	Email address: _____
Work phone: _____	Home Phone: _____	Cell Phone: _____	
Emerg. Contact: _____		Relationship: _____	Phone: _____

1. Why are you interested in learning Martial Arts? Please list in order of importance to you, numbering 1 (most important) to 5 (least important):
 - a. [] I want to learn to defend myself
 - b. [] I want to gain self-confidence in my abilities
 - c. [] I want to lose a little weight and strengthen my body
 - d. [] I want to be involved in a beneficial athletic program
 - e. [] I want to improve my self-control and self-discipline
2. How did you hear about our studio? _____
3. What does a Black Belt signify to you? _____
4. If you are accepted, would you set a goal to become a Black Belt someday? _____
5. What is the most important goal in your life? _____
6. Can you practice on your own for at least 30 minutes per day? _____
7. Have you trained in the Martial Arts before? Yes [] No []
 What style? _____ How long did you train? _____ When did you last train? _____
8. How would you rate your health? Excellent [] Good [] Average [] Poor []
 If you have any health problems, please list them: _____
9. What do you value most at this time? _____

For Primary and Secondary School Children Only

1. What is your average grade? _____
2. Our academic policy for a young Black Belt is a 'B' average or better. If you are below a 'B' average, you are required to bring your grades up to a 'B' before you can attain your Black Belt. If you are accepted, will you do this? _____
3. Did your child request this training, or is it something you believe will be of value to him/her? _____

----- INSTRUCTOR'S USE ONLY -----

APPOINTMENTS

	Date	Time	Remarks
1 st	_____	_____	_____
2 nd	_____	_____	_____
3 rd	_____	_____	_____
Extension	_____	_____	_____
Recommendation:	_____		

INSTRUCTOR EVALUATION

Attitude [] Desire []
 Confidence [] Coordination []
 Flexibility [] Balance []
 Referred by: _____

Instructor: _____ Date: _____



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Last Name First Name Age Home Phone Cell Phone

DATE									
RANK	YELLOW	ORANGE	PURPLE	GREEN	BLUE	BROWN	RED	DANBO	1 ST DAN

PROGRAM: _____ TOTAL AMOUNT: \$ _____ **NOTES:**
 DURATION: _____ NO. OF PAYMENTS: _____
 START DATE: _____ PAYMENT AMOUNT: \$ _____
 EXP. DATE: _____ DEPOSIT: \$ _____
 FREEZE: _____ EXTENSION: _____

1. I UNDERSTAND THAT THE SONOMA SCHOOL OF MARTIAL ARTS, ITS INSTRUCTORS OR OTHER STUDENTS ARE NOT RESPONSIBLE FOR ANY ACCIDENTS, INJURIES OR LOSS OF PERSONAL PROPERTY WHILE TRAINING AT THE SCHOOL. MY FAILURE TO ATTEND THE SCHOOL AND PARTAKE OF ITS SERVICES DOES NOT RELIEVE ME OF ANY LIABILITY FOR PAYMENT THEREOF.
2. I UNDERSTAND THAT I CAN FORFEIT MY PAYMENT BY NOT SHOWING UP FOR MY APPOINTMENT.
3. I PROMISE TO TRAIN TO THE BEST OF MY ABILITIES, AND TO FOLLOW THE HWA RANG KWAN REGULATIONS, PHILOSOPHY AND DISCIPLINE.
4. NO REFUNDS.

IF UNDER 18 YEARS OF AGE:

I, _____, DO VOLUNTARILY AGREE TO ACCEPT RESPONSIBILITY AND WILL NOT HOLD THE SCHOOL, ITS INSTRUCTORS OR OTHER STUDENTS RESPONSIBLE FOR INJURIES RECEIVED BY MY SON/DAUGHTER/GUARDIAN WHILE TRAINING AT THE SONOMA SCHOOL OF MARTIAL ARTS. I UNDERSTAND THAT THE MARTIAL ARTS TAUGHT AND PRACTICED AT THE SONOMA SCHOOL OF MARTIAL ARTS ARE ACTIVITIES THAT REQUIRE A GREAT DEAL OF EXERTION, BOTH MENTAL AND PHYSICAL.

SIGNATURE:

DATE:
 ____/____/____