

Participant Form



Participant Full Name: _____

Parent/Guardian(s) Full Name (if participant is a minor):

Mailing Address: _____

Email: _____

Phone number(s): _____

Participant Date of Birth: _____

- Youth class (8 - 12 years of age) - Thursdays 5-6 pm
- Adult class (13 years and up) - Thursdays 6-7 pm

Please describe any previous martial arts experience:

What is your reason for your interest in martial arts? (check all that apply)

- Physical Fitness
- Self Discipline
- Self Defense
- Self Confidence

Would you be interested in purchasing discounted uniforms or gear through Narrowpath Martial Arts? ____ yes ____ no ____ not at this time

Classes are \$12 per person, per class. Payments can be made by check, cash or credit/debit card. Payments are due at the **start** of each class.

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All classes are currently held at the Union Grove Municipal Center, (925 15th Ave, Union Grove) unless otherwise discussed.

I hereby certify to the best of my knowledge that the above information is true and accurate. I understand in the event that any information is found to be false or misleading, the participant may be disqualified from participation.

Signature

Print Name

Date

For office use only:

File number: _____

First class date: _____

Other notes:
