

2019 Buddy Week!

Arashi-Do Buddy Day is Back!

From Sept 15-20, 2019, bring a buddy in and have them do classes with you.

You know that martial arts are such an amazing thing. We want to share this wonderful activity with as many people as possible! For whichever class you do, bring a friend!

Have your buddy fill out the back of this sheet, and have them bring it back with them, as well as their parents to watch class (if applicable). We will have extra teaching help that day as well so it will be a great time! It is extremely important that this form is filled out for every buddy coming into class and that someone will not be allowed to participate unless this form is signed.

Arashi-Do Student Information

First Name:	Last Name:
Class:	

Buddy Information

First Name:	Last Name:	Middle
Initial: Date of Birth:	Sex:	Occupation:
Address:		
City:	State:	Postal Code:
Home Phone:	Cell Phone:	
Email:	Married: __Yes __No	Children over the age of 4: __Yes __No

Desired Benefits (circle as many as you want)

Mental <ul style="list-style-type: none"> • Become Goal Orientated • Finish What I Start • Strong Focus • Strong Self Discipline • Leadership • Mental Toughness • Strong Work Ethic • High Self Esteem • High Self Confidence • Structured Lifestyle • Mental Relaxation • Inner Peace • Philosophy 	Physical <ul style="list-style-type: none"> • Fitness • Healthy Body Fat % • Weight Control • Muscle Tone • More Muscle Mass • Muscular Strength • Muscular Stamina • Strong Cardiovascular • Healthier Diet & Lifestyle • More Energy • More Flexibility • Relaxation • Stress Relief 	Skill <ul style="list-style-type: none"> • Self Defence Skills • Competition Skills • The Martial Arts • Explosive Power • Balance & Coordination • Reaction Time • Work • School • Family • Parenting • Role Model • Healthy Hobby • Martial Arts Career
--	--	---

For Student _____

Release and Waiver of Liability

I, the undersigned hereby waive all claims against any and all persons associated with the Arashi-Do Sylvan Martial Arts. I understand that I am participating in a martial art which has body contact. I understand that this form of martial arts involves choke holds, arm locks, neck cranks, ankle locks, throws, slams, punches, kicks, elbows, knees, and such which could potentially cause serious injury or even death. I assume full responsibility for all my actions during and connected to the above organization. I understand the risk of participation in this form of martial arts training and hereby release the Arashi-Do Sylvan Martial Arts and all of its agents, employees and associates of and from any and all liability, claims, demands, actions, medical bills, and causes of action whatsoever arising out of or relating to any negligent or other act or omission, and/or any loss, damage, or injury, including death, that may be sustained by the undersigned or any property of the undersigned in participating in this form of training. I, the undersigned also state that I am in good physical condition and know of no reason why I cannot train in this form of training. I understand that in case of emergency, I hereby authorize any licensed medical personnel to perform any accepted medical assistance deemed necessary and I agree to bear the expense of any such treatment. As additional consideration for training at Arashi-Do Sylvan Martial Arts, I agree that my attendance and/or performance at the academy and abroad at events and such may be photographed, filmed and/or taped and used by the Arashi-Do Sylvan Martial Arts for marketing purposes and I authorize the use of my image and I waive any compensation thereof, even if I discontinue my training at the Arashi-Do Sylvan Martial Arts. I acknowledge that I would like to receive correspondence from the academy via telephone, mail, and email. I, the undersigned, being duly aware of the risks and hazards inherent upon participating in this form of martial arts agree to all its rules, terms, and conditions. I acknowledge that I have received a copy of the Arashi-Do Martial Arts rules and sparring rules, I have read them, understand them, and agree to honour and obey them. I understand that disobeying the rules may, at the instructors discretion, result in suspension or expulsion from the Arashi-Do Sylvan Martial Arts and that I will not be entitled to a refund and if expelled must pay the remainder of my contract if one has been signed. In signing the foregoing release, the undersigned hereby acknowledges and represents: that he/she has read the foregoing release, understands it and signs it voluntarily; that he/she is over 18 years of age and of sound mind. If under 18, parent/legal guardian in signing this release agrees to all its terms and conditions.

Print Name: _____
(Parent/Legal Guardian if under 18 years of age)

Signed: _____ Date: _____
(Parent/Legal Guardian if under 18 years of age)

Medical Information

Medical History: <ul style="list-style-type: none">• Asthma• Bleeding Disorder• Diabetic• Seizures• Multiple Concussions• High Blood Pressure• Heart Conditions• Back Problems• Shoulder/Knee/Elbow Injury• None	Current Medications: _____ _____ _____	Physical Limitations: _____ _____ _____
	Allergic Reactions: _____ _____	Other: _____ _____