

Rule of 3 Martial Arts Family Enrollment & Participation Waiver

Student Information

List all children/students who will be participating.

Student Name	Age

Parent / Guardian Information

Name(s): _____
 Address: _____
 Phone: _____ Email: _____

Emergency Contact (other than parent/guardian)

Name: _____
 Relationship: _____
 Phone: _____

Authorized Pickup Persons

Individuals other than parent/guardian allowed to pick up student(s).

Name	Relationship	Phone

Consent & Agreement

- I understand that martial arts is a physical activity and, while safety is always emphasized, some risk is involved.
- I agree that myself/my child(ren) will follow instructor guidance and safety rules.
- I release Rule of 3 Martial Arts, its staff, and instructors from liability for accidental injuries that may occur during normal training.

- In the event of an emergency, I give permission for staff to seek medical care if I cannot be reached.

Parent / Guardian Signature: _____

Printed Name: _____

Date: ____ / ____ / ____