



KICKN' IT
WITH INSTRUCTOR NATHAN
KICKN' IT REGISTRATION FORM

Student's Name: _____ *Grade/Room#:* _____

Address: _____

City: _____ *Zip:* _____

Date of Birth: _____ *Age:* _____

Parents Names: _____

Home Phone: _____ *Cell Phone:* _____

EmailAddress: _____

School Attending: _____

Expected Class Day: *M T W T H F* *Expected Class TM:* _____

Medical Information

Medical Problems:

Known allergies:

Medication:

Emergency Contact: _____ *Phone:* _____

Release:

I agree to waive, release, discharge, covenant not to sue, indemnify and hold harmless KICKN'IT from and against any and all liability resulting in injury associated with providing martial arts lessons to my child.

X _____ Date _____

Parent Legal Guardian Signature
 Please make check payable to Nathan Salcido