



TOA

FIGHTING SYSTEMS



REGISTRATION FORM

(Please Print)

STUDENT INFORMATION							
Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / DeFac / Wid		
Street Address:			ZIP	Birth date:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Mailing address:			Mobile phone:	Home phone:			
			Email:				
Occupation:	Employer:			Work phone:			
Previous Marital Arts Experience (please list training / grades / tournament experience):							
STUDENT HEALTH / MEDICAL DETAILS							
Do you suffer from, or have you suffered from any condition, illness or injury that might be affected by training?						<input type="checkbox"/> Y	<input type="checkbox"/> N
Is there anything else the instructor should be made aware of?						<input type="checkbox"/> Y	<input type="checkbox"/> N
If (Y) Please provide details							
IN CASE OF EMERGENCY							
Name of Contact:			Relationship to student:	Home phone:	Other phone:		
I understand material copyrighted by TOA Fighting Systems Southland Incorporated , can only be used for my own purposes and I agree not to reproduce it, in any form, without written permission. I recognise that TOA Fighting Systems Southland Inc is not able to provide me with medical advice with regard to my medical fitness and this information is used as a guideline to the limitations of my ability to exercise. I have answered the questions to the best of my ability and will inform TOA Fighting Systems Southland Inc of any changes to the above information.							
Student signature					Date		
Guardian signature (if under 16yrs)					Date		