



Rochester Family Martial Arts

Application of Enrollment

- Do you have any health issues or concerns you would like us to keep in mind during your training? Do you feel that RFMA will need to make accommodations for this condition?

- What image do you think about, when you hear the words "martial arts"?

- What do you MOST want to gain from training at RFMA?

I understand that martial arts are meant for self-defense only. Any use of my training in a wrongful manner is the responsibility of me or my guardian. Rochester Family Martial Arts holds no responsibility of any action outside of the school.

Rochester Family Martial Arts and its instructors will strive to maintain the highest level of safety and caution but I further understand that martial arts is a contact sport, and as with any sport, the possibility exists to become injured. I acknowledge that I am responsible for any medical costs or obligations caused through accidents in or related to Rochester Family Martial Arts and relieve this responsibility from the school.

Printed Name: _____

Signature: _____ Date: _____

Signature of legal guardian if student under the age of 18:

Signature: _____ Date: _____

Phone: _____ E-mail: _____

NOTE: Please email completed application to rochestermartialarts@hotmail.com or deliver in person to Rochester Family Martial Arts at 626 Main St., Rochester, IN 46975.