



**The Bamboo Dojo**  
2111 ~ 14<sup>th</sup> Avenue  
Vero Beach, Florida 32960  
772-770-2491

## Registration and Release Form

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Gender: (M) (F)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Parent or Guardian if under 18 years of age: \_\_\_\_\_

Previous Martial Arts Training: \_\_\_\_\_

How did you hear about The Bamboo Dojo? \_\_\_\_\_

I wish to enroll as a student at The Bamboo Dojo. I am interested in classes in the following:  
(Check those that apply.)

Karate: \_\_\_\_\_ Kobudo: \_\_\_\_\_ Aikido: \_\_\_\_\_ Arnis: \_\_\_\_\_ Batto-Do: \_\_\_\_\_ (16 & over only)

The undersigned understands that the study and practice of the Martial Arts involves an inherent risk of physical injury. Therefore, the undersigned hereby assumes any and all risk of participation in this activity, including being in the vicinity of others who are involved in these activities on these premises. The undersigned hereby releases and discharges The Bamboo Dojo, Inc., its officers, agents, teachers, employees, and volunteers from any and all liability to the undersigned, his family, assigns and personal representatives, for any and all loss or damage, and any claim for damage, on account of injury or other casualty to the person or property of or in the possession or control of the undersigned, whether caused negligently or otherwise while the undersigned and/or his or her property is upon the premises of The Bamboo Dojo, or while the undersigned is a participant in any training, tournament, exhibition or demonstration. This release inures to the benefit of all other students, spectators, and guest instructors as well.

The undersigned grants permission to the Bamboo Dojo, its representatives or agents, to authorize and obtain emergency medical care from any licensed physician, hospital or emergency medical technician in the event of illness or injury occurring while on these premises, if neither parent nor guardian is available to grant authorization for treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian must sign if student is under 18 years of Age)