Krav Maga San Diego – Point Loma:
REGISTRATION FORM

NAME: _____

EMAIL ADDRESS: _____
(Preferred **one**; please print **clearly**)

PHONE: _____
(at least one) home cell

ADDRESS: _____
street apt. #

_____
city zip code

*How/where did you hear about **Krav Maga San Diego**/us?* _____
*(i.e. which internet search engine; **flier's location**; magazine/newspaper name, etc.)*

ASSUMPTION OF RISK: WAIVER

I hereby enroll in the **Krav Maga San Diego – Point Loma** Self Defense Course. I understand that I have been admitted to the current class and all future classes based in material part on this Assumption of Risk: Waiver. I have been fully informed of the nature of the class and the physical danger thereof and have seen a demonstration of some of the techniques and risks. I accept all risks and agree to **Krav Maga San Diego**, Inc.; **Krav Maga Point Loma**; Dana Ben Kaplan; Benjamin Halcewicz; the instructors; assistant instructors; and all other members of my class harmless from all liability, injury, and damages in connection with my participation in all **Krav Maga** classes, workouts, and exams. I will not be promoting/marketing other krav maga programs.
All fees are non-refundable.

$25 Discount Applied: LE___ Mili___ FF___
(Please check one if applicable)

Class Level: Beginning _____ Intermediate _____

Check here if you a currently registered **KMSD** student at the JCC location: _____
Payment Method (please check one of the following):
Check/Money Order enclosed _____ **PayPal** _____

***Checks (with your name) are made out to:* "Krav Maga San Diego, Inc."**
***and mailed to:* "KMSD, Inc.; PO Box 13453; La Jolla, CA 92039-3453"**

I have read this registration/release and agree to its terms.
STUDENT'S SIGNATURE: _____

WITNESS _____ DATE: _____
(we can sign this as your witness upon receipt)
PARENT'S SIGNATURE: _____
(Required if student is under 18 years of age) If you're under 18, please list your age: _____

Office use only

Check #									
Date									
Amount									