KRAV MAGA SAN DIEGO: SELF DEFENSE COURSE
REGISTRATION FORM (8 wk. course at JCC)

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** 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 hold Lawrence Family/La Jolla Jewish Community Center of San Diego, it's Administration and Staff/Board, **Krav Maga San Diego**, Inc., Dana Ben Kaplan, 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.

Discount Applied: Mili ___ Mili Dependant ___ LE ___ FF ___
(please check one if applicable) JCC member ___ < 18yo___ Recent Women's Sem. ___
Referral ___ (name of **New Student** you're referring: _____)

Payment Method (please check one of the following):
Check/Money Order enclosed _____ **PayPal** _____ Cash _____

Checks/M.O.s (with YOUR name) made out to: **"Lawrence Family JCC"**
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) Age of student if under 18: _____

Office use only

Check #									
Date									
Amount									