



Calvin Chin's Martial Arts Academy, Inc.

66 Winchester Street • Newton Highlands, MA 02461 • (617) 527-8890

Membership Registration

Adult Membership (18 years or older)

Name _____ F M Day Phone () _____ Eve. Phone () _____
 Street _____ City _____ Zip _____
 Mailing Address if different _____
 E-Mail Address _____ Cell Phone () _____
 Prior Martial Arts Experience _____ Years _____ How did you hear about us? _____

Youth/Family Membership (up to three names may be listed if the address & guardian info is the same)

Name _____ F M Birth date _____
 Name _____ F M Birth date _____
 Name _____ F M Birth date _____
 Street _____ City _____ Zip _____
 Mailing Address if different _____

Parent/Guardian #1 _____	Parent/Guardian #2 _____
Day Phone () _____	Day Phone () _____
Eve. Phone () _____	Eve. Phone () _____
Cell Phone () _____	Cell Phone () _____
We mainly communicate via email; please provide at least one	
E-Mail Address _____	E-Mail Address _____

Prior Martial Arts Experience _____ Years _____ How did you hear about us? _____

Release of Liability/Indemnity/Emergency Treatment

Participant/Student Name(s): _____

Emergency Contact: _____ Best Phone () _____ Alt. Phone () _____

The undersigned, individually or by his or her parent if a minor, hereby agrees that neither Calvin Chin's Martial Arts Academy, Inc. (CCMAA) nor its agents, employees, officers or directors shall be liable for any injuries, damages or losses sustained by the above named participant(s) which are in any way related, whether directly or indirectly, to participation in programs held or sponsored by CCMAA. The undersigned hereby assumes all risk of such injuries, damages or losses while participating in the CCMAA programs on or off the premises at 66 Winchester Street, Newton, MA, 02461 (including without limitation Kung Fu, Tai Chi and/or Wushu Classes, Specialty Classes, Open Sessions, Workshops, Seminars, Parties, Tournaments, Exhibitions and/or Special Events). Furthermore, the undersigned agrees to have annual evaluations by a physician, which states that the above named participant(s) has no medical condition, which would preclude the safe participation in program(s) of active physical exercise that are moderate to strenuous in exertion.

In case of emergency, accident, illness, or other incapacity occurring while under the program's authority, I give my permission for the above named participant(s) to be treated by medical professionals and admitted to the hospital if necessary. This authorization applies whether or not the charges are covered by my insurance, and I am responsible for all reasonable medical and emergency expenses incurred on my behalf, regardless of whether I would have authorized such expenses under separate circumstances.

Participant Signature: _____ Date: _____ Participant Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if any participant/student is a minor): _____ Date: _____

Media Release

For the duration of my time participating in Calvin Chin's Martial Arts Academy, Inc. programs, activities, events, performances, etc.:

I/We, _____ authorize CCMAA staff/volunteers to record and edit into videos, DVDs, photographs, web pages, and/or promotional pieces, my name, likeness, voice, interview, and performance. CCMAA shall own all rights, title(s), and interest(s) in and to the program(s), including the recording(s), to be used and disposed of at the discretion of CCMAA.

Participant Signature: _____ Date: _____ Participant Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if any participant/student is a minor): _____ Date: _____