



**CLERMONT FAMILY MARTIAL ARTS CENTER  
STUDENT DATA PROFILE and WAIVER**

672 SR 50, Ste A, Clermont, FL 34711, (352) 404-8906 email: [jshiple@shiplekarate.com](mailto:jshiple@shiplekarate.com)

How did you hear about us? \_\_\_\_\_ What program(s) are of interest to you? (Please Check All That Apply)

Little Ninjas (3-6 yrs.) \_\_\_\_\_ After-School Program \_\_\_\_\_ Evening TKD \_\_\_\_\_

Summer Camp \_\_\_\_\_ Bully Busting \_\_\_\_\_ Self-Defense Seminar \_\_\_\_\_

1. New Student(s) NAMES:

A. _____	Birthdate: _____	Age: _____
B. _____	Birthdate: _____	Age: _____
C. _____	Birthdate: _____	Age: _____

2. Parent(s) Name (IF STUDENT IS UNDER 18): \_\_\_\_\_

3. Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Child/Children's School: \_\_\_\_\_

4. Tell us what areas you would like to improve, either for yourself or your child through martial arts:  
Fitness or Weight Control \_\_\_\_\_ Coordination \_\_\_\_\_ Discipline \_\_\_\_\_ Self Confidence \_\_\_\_\_ Focus \_\_\_\_\_  
Teamwork \_\_\_\_\_ Respect \_\_\_\_\_ Bullying \_\_\_\_\_

5. Martial Arts Experience (YRS): \_\_\_\_\_ Belt Level: \_\_\_\_\_  
Martial Arts School Previously Attended: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_

6. Are you aware of any students who may benefit from our program?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**RELEASE AND COVENANT** In consideration of participation in any activity at Clermont Family Martial Arts Center, Family Martial Arts Center, The Family Christian Center (FCC), I hereby release and forever discharge Clermont Family Martial Arts Center, Jim Shipley, Master Gary Wayne, its agents, units, school, students and employees (in their individual and official capacities) from all claims, demands, claims for attorneys fees, actions, causes of actions, charges or suits of whatever kind or nature which might have been asserted against them, by or on behalf of myself or my children, parents, assigns, heirs, representatives, dependents, or otherwise. Furthermore, I also release the above from all damages to my property. I, the undersigned, am at least eighteen (18) years of age. I have carefully read the above stated release and covenant not to sue. I understand the contents thereof and agree that my execution of the release and covenant not to sue is my own free, voluntary act and deed.

I/we understand that under present Florida law, if my/our child is riding in a private automobile which is involved in an accident, he/she will be primarily covered for bodily injury under my/our family automobile policy, and I/we agree to submit any medical bills incurred to my/our insurance company for payment. If my/our policy has been issued with a deductible clause relative to the personal injury protection, I/we understand the I/we have assumed that deductible amount when I/we purchased the policy.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_