

Angel's Gym



Membership Application

Please Print

Enrollment Date _____
Name _____
Home Address _____
Home Phone _____
Work Phone _____
Cell Phone _____
Occupation _____
School Grade (if applicable) _____
Date of Birth _____

Previous Martial Arts experience Yes or No, explain _____

Goals you would like to achieve at Angel's Gym:

- Improve Strength _____
- Improve Flexibility _____
- Improve Coordination _____
- Get Black Belt _____
- Reduce Stress _____
- Lose Weight _____
- Competition _____
- Other _____

I, _____, hereby agree to follow all the rules set forth by Angel's gym. I agree to pay tuition by the 1st or 15th of the month based on the date of enrollment. After the date due, I agree to pay a late fee of \$10 in addition to tuition owed. No refunds.

I also attest that I am in good physical condition and that I have no impairments that would prevent me from executing any of the rigorous training that Angel's Gym will require of me. I wish to participate in the **TAI CHI / BOXING / KICKBOXING / MMA** programs. I realize there is a possibility of physical contact that could cause injury and will not hold liable Angel's Gym or any of its instructors or assistance for any injury that I may sustain.

I agree to pay Angel's Gym \$_____ per month for _____ months for the above programs.

Member signature _____ Date _____

Instructor signature _____ Date _____

Parent or Guardian _____ Date _____