

# Consultation Form

## Student Information

First Name:		Last Name:	Middle Initial:
Date of Birth:	Sex:	Occupation:	
Address:			
City:		State:	Zip Code:
Home Phone:		Cell Phone:	
Email:		Married: <input type="radio"/> Yes <input type="radio"/> No	Children over age 4: <input type="radio"/> Yes <input type="radio"/> No

## Parent/Guardian/Spouse Contact Information

Primary Contact Name:	Relationship:	Occupation:	Phone Number:
Secondary Contact Name:	Relationship:	Occupation:	Phone Number:
Emergency Contact Name:	Relationship:	Occupation:	Phone Number:

## Desired Benefits

Mental	Physical	Skill
<input type="checkbox"/> Become Goal Orientated <input type="checkbox"/> Finish What I Start <input type="checkbox"/> Strong Focus <input type="checkbox"/> Strong Self Discipline <input type="checkbox"/> Leadership <input type="checkbox"/> Mental Toughness <input type="checkbox"/> Strong Work Ethic <input type="checkbox"/> High Self Esteem <input type="checkbox"/> High Self Confidence <input type="checkbox"/> Structured Lifestyle <input type="checkbox"/> Mental Relaxation <input type="checkbox"/> Inner Peace <input type="checkbox"/> Philosophy	<input type="checkbox"/> Fitness <input type="checkbox"/> Healthy Body Fat% <input type="checkbox"/> Weight Control <input type="checkbox"/> Muscle Tone <input type="checkbox"/> More Muscle Mass <input type="checkbox"/> Muscular Strength <input type="checkbox"/> Muscular Stamina <input type="checkbox"/> Strong Cardiovascular <input type="checkbox"/> Healthier Diet & Lifestyle <input type="checkbox"/> More Energy <input type="checkbox"/> More Flexibility <input type="checkbox"/> Relaxation <input type="checkbox"/> Stress Relief	<input type="checkbox"/> Self Defense Skills <input type="checkbox"/> Competition Skills <input type="checkbox"/> The Martial Arts <input type="checkbox"/> Explosive Power <input type="checkbox"/> Balance & Coordination <input type="checkbox"/> Reaction Time  <p style="text-align: center;"><b>Extra Benefits</b></p> <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Parenting <input type="checkbox"/> Role Model <input type="checkbox"/> Healthy Hobby <input type="checkbox"/> Martial Arts Career

<b>Medical History:</b> <input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Diabetic <input type="checkbox"/> Seizures <input type="checkbox"/> Multiple Concussions <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Conditions <input type="checkbox"/> Back Problems <input type="checkbox"/> Shoulder/Elbow/Knee Injury <input type="checkbox"/> None	<b>Current Medications:</b> <hr/> <hr/> <hr/> <b>Allergic Reactions:</b> <hr/> <hr/> <hr/>	<b>Physical Limitations:</b> <hr/> <hr/> <hr/> <b>Other:</b> <hr/> <hr/> <hr/>
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For student: \_\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY

I, the undersigned hereby waive all claims against any and all persons associated with Centerline Gym. I understand that I am participating in a martial art which has body contact. I understand that this form of martial arts involves choke holds, arm locks, neck cranks, ankle locks, throws, slams, punches, kicks, elbows, knees, and such which could potentially cause serious injury or even death. I assume full responsibility for all my actions during and connected to the above organization. I understand the risk of participating in this form of martial arts training and hereby release Centerline Gym and all of its agents, employees and associates of and from any and all liability, claims, demands, actions, medical bills, and causes of action whatsoever arising out of or relating to any negligent or other act or omission, and/or any loss, damage, or injury, including death, that may be sustained by the undersigned or any property of the undersigned in participating in this form of training. I, the undersigned also state that I am in good physical condition and know of no reason why I can not train in this form of training. I understand that in case of emergency, I hereby authorize any licensed medical personnel to perform any accepted medical assistance deemed necessary and I agree to bear the expense of any such treatment. As additional consideration for training at the Centerline Gym, I agree that my attendance and/or performance at the academy and abroad at events and such may be photographed, filmed and/or taped and used by Centerline Gym for marketing purposes and I authorize the use of my image and I waive any compensation thereof – even if I discontinue my training at Centerline Gym. I acknowledge that I would like to receive correspondence from the academy via telephone, mail, and email. I, the undersigned, being duly aware of the risks and hazards inherent upon participating in this form of martial arts agree to all its rules, terms, and conditions. I understand that disobeying the rules may, at the instructor's discretion, result in suspension or expulsion from Centerline Gym and that I will not be entitled to a refund and if expelled must pay the remainder of my contract if one has been signed. In signing the foregoing release, the undersigned hereby acknowledges and represents: that he/she has read the foregoing release, understands it and signs it voluntarily; that he/she is over 18 years of age and of sound mind. If under 18, parent/legal guardian in signing this release agrees to all its terms and conditions.

Print Name: \_\_\_\_\_  
*(Parent/Legal Guardian if under 18 years of age)*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent/Legal Guardian if under 18 years of age)*