



# Lehigh Valley Martial Arts



*Together We Build Strong Families*

**M.A. Application/Registration Form**

**Date:** \_\_\_\_\_

Student Name: \_\_\_\_\_ M / F Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Student Name: \_\_\_\_\_ M / F Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_

Home #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**LVMA Programs:**  Children's Program  Family  Adult Program  
 Ninjas  Kung Fu  Karate  Tai Chi/Healing Arts

**Reasons for Interest:** **Please select your top three in numerical order. Thank you.**

Physical Conditioning  Self Defense  Confidence  Coordination  Flexibility  Respect

Weight Loss/Gain  Strength Training  Attention Span  Self- Discipline  Stress Relief

Character Development  Self- Esteem  Deal with Bullies  Balance  Other

Does the student have any physical or learning challenges we should know about? Yes or No

If yes, please explain: \_\_\_\_\_

**Release**

The student or legal guardian understands that such activity involves the potential for injury, which is inherent in Martial Arts activities. The undersigned student and/or legal guardian releases and agrees to hold Lehigh Valley Martial Arts, Inc., its principles and it's instructors not responsible for any claims for injuries before, during, and after training or traveling to and from Lehigh Valley Martial Arts, Inc.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

Emmaus  
544 Jubilee St  
610-966-2234

Breinigsville  
9999 Hamilton Blvd  
484-397-4095

Fogelsville  
7200 Windsor Dr.  
610-366-8084

Palmer  
3601 Nazareth Road  
610 829-1880