MANNA'S

Martial Arts

ENROLLMENT APPLICATION Part 1 of 4

REQUESTED AGE SPECIFIC PROGRAM

- ☐ Tiny Tigers (Ages 3 & 4)
- ☐ Little Dragon (Ages 5 & 6)
- ☐ Dragon (Ages 7 through 12)
- ☐ Teen/Adult (Ages 13 to 29)
- ☐ Songin (Minimum age 30)
- ☐ Kickboxing (Min. Ages 13)
- ☐ VIP Program- Try It
- ☐ Private Enrollment
- ☐ After School Program
- ☐ Summer Camp
- ☐ Outreach Program at: _____

MANNA'S MEMBER #: _____

PARTICIPANT

NAME: _____ (First) _____ (Middle Initial) _____ (Last)

E-MAIL: _____

ADDRESS: _____ (STREET ADDRESS)

_____ (CITY) _____ (STATE) _____ (ZIP CODE)

AGE

MALE FEMALE

Dressing rooms are supplied for specific genders. Those who identify differently will be provided separate accommodations.

HOME PHONE: (_____) _____

SCHOOL ATTENDING: _____ DATE OF BIRTH: ____/____/_____

PREVIOUS MARTIAL ART EXPERIENCE: YES ☐ NO ☐ (IF YES, EXPLAIN ON BACK OF TOP PAPER)

CONTACT 1: _____ **NAME:** _____ (First name) _____ (Last name)

HOME PHONE: (_____) _____ **CELL/WORK:** (_____) _____

CONTACT 2: _____ **NAME:** _____ (First name) _____ (Last name)

HOME PHONE: (_____) _____ **CELL/WORK:** (_____) _____

THE BENEFITS I LOOK TO GAIN FROM FITNESS TRAINING?

_____

☐ SPORT ☐ FITNESS ☐ CARDIOVASCULAR ☐ STRENGTH ☐ BREATHING ☐ FLEXIBILITY ☐ POWER ☐ FRIENDSHIP
☐ FOCUS ☐ SELF DEFENSE ☐ SELF CONFIDENCE ☐ LEADERSHIP ☐ CALMNESS ☐ FAIRNESS ☐ SOCIAL SKILLS

HEALTH CONDITION:

HOSPITALIZED IN THE PAST THREE YEARS? YES ☐ NO ☐ IF YES, PLEASE EXPLAIN:

_____

ANY TYPE OF ALLERGIES ? YES ☐ NO ☐ IF YES, PLEASE EXPLAIN:

_____

ANY PHYSICAL, MENTAL CONDITION(S) AND/OR MEDICATION? YES ☐ NO ☐

ANY AND ALL PHYSICAL/MENTAL CONDITIONS AND/OR CHALLENGES: _____

_____

I HAVE ADDED "ADDITIONAL NOTES ABOUT APPLICANT" FORM AN120, Initial and date here: _____ ___/___/_____

Initial here:

_____ I agree that participating in martial arts and any sports games are physical activities that may include contact by students
_____ and instructors. I agree to hold harmless Manna's Martial Arts, Inc., owners and instructors, and assume the risk for all
injuries on behalf of myself and my family members for any and all participation in activities at Manna's Martial Arts, Inc.
_____ All paid fees are non-refundable. To the best of my knowledge all of the above information is true.
THE _____ DAY OF _____, 20____. You must have a Release and Consent to Treat Form on file.

MEMBER: _____ (SIGNATURE) PARENT: _____ (SIGNATURE (IF MEMBER IS UNDER 21))

MANNA'S MARTIAL ARTS

ENROLLMENT APPLICATION Part 2 of 3

PARTICIPANT

NAME: _____ _____
First Last

E-MAIL: _____

HOME PHONE: (_____) _____

Age

☐ **Keep on file for all programs until notified**

REQUESTED AGE SPECIFIC PROGRAM

- ☐ Tiny Tigers (Ages 3 & 4)
- ☐ Little Dragon (Ages 5 & 6)
- ☐ Dragon (Ages 7 through 12)
- ☐ Teen/Adult (Ages 13 to 29)
- ☐ Songin (Minimum age 30)
- ☐ Kickboxing (Min. Ages 13)
- ☐ Try It Program
- ☐ Birthday Party
- ☐ After School Program
- ☐ Summer Activity Camp
- ☐ Outreach Program at: _____

MANNA'S MEMBER #: _____

Release page 1 of 2

Warning, Waiver, Release of Liability and Agreement to Participate

In consideration of being permitted to participate in any way, including travel to and from, in any martial art practice, tournament, clinic, sports camps, sports activities, after school activities, testing and or related events, and activities of Manna's Martial Arts, Inc., "Manna's", The Educational Martial Arts System, Inc., Varsity Martial Arts League, Kickboxing, and related programs at Manna's, I hereby:

1. As it applies to martial arts training, I agree and acknowledge that I will become familiar with the martial arts, self defense and its related activities, and will review and learn the rules governing them before participating in any lessons. Studio rules and procedures may be reviewed and downloaded at *http://www.manna.us/manual.html* then download .pdf file (review see 19 and 23 through 26).
2. Agree that prior to participation, I will inspect the mats, equipment and facilities, and if I believe anything is unsafe or beyond my capability, I will immediately advise my instructor, supervisor, coach, and/or a tournament official of such conditions and refuse to participate, if I am participating online, I will abide by the same guidelines.
3. Acknowledge and fully understand that I will be engaging in a contact activity that might result in serious injury, including permanent disability or death, and severe social and economic losses due not only to my own conduct, but also to the conduct of others, the performance of the activity, conditions of the premises, or of any equipment used. I, also acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time, including, but not limited to, any form of contact or shared contact through touching or proximity of involvement.
4. Acknowledge and accept the risks involved in these activities, and assume all such risks and accept personal responsibility for the damages following such injuries, permanent disability, or death. These risks of injury may result in online training.
5. Release, waive, discharge and covenant not to sue Manna's, including its agents, employees, officers, directors and volunteer instructors, coaches and leaders, event officials, medical personnel, other participants, their parents, guardians, supervisors, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors, and lessees of the premises used in conducting the event, all of whom are hereinafter referred to as "Releases," from any and all claims, demands, losses, or damage on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence or wrongful conduct of any release or otherwise, to the fullest extent permitted by law. I understand that I (we) are not covered by any insurance other than our own policies.
6. Additionally agree that as parents or legal guardians of minor participants (age 18 and below), I will inform the minor participants to the above warnings and conditions and their ramifications, and that I consent to the minor's participation.

MANNA'S MARTIAL ARTS

ENROLLMENT APPLICATION Part 2 of 3 continued

PARTICIPANT

NAME: _____ _____
First Last

E-MAIL: _____

HOME PHONE: (_____) _____

Release page 2 of 2

Warning, Waiver, Release of Liability and Agreement to Participate

7. Also agree to release and hold harmless Manna's for any claims of discrimination or unfair treatment of any kind associated with being asked to use a dressing room other than those identified as "Male" or "Female," because I. or my minor child under my care or guardianship, identifies as something other than "Male" or "Female."
8. I further agree to arbitrate before a neutral arbitrator any and all disputes or claims between Manna's and me that arise out of or relate to my participation in Manna's activities, as herein described, including claims involving personal injuries, discrimination, or breach of contract, fraud, defamation, unfair business practices, negligence, emotional distress, intentional torts, and any other tort or tort-like causes of action related to or arising from my participation in Manna's activities.
9. I understand and agree that I must serve a formal written demand for arbitration, containing all factual written demand for arbitration, containing all factual basis of any clain, to Manna's within the time limit established by the applicable statue of limitations for the asserted claims. Any written demand for arbitration must be given to Manna's at the address referenced above.
10. The arbitration shall be conducted by a neautral arbitrator in accordance with the American Arbitration Association ("AAA"). The AAA rules are available: (1) online at www.adr.org; (2) by calling the AAA at 1-877-495-4185 or any updated telephone number for AAA; and/or (3) by written request to the Manna's.
11. I understand that by signing this document, I am waiving all rights to atrial or hearing before a judge or jury of any and all disputes and claims subject to arbitration under this agreement.

I HAVE READ THE ABOVE WARNING, WAIVER, RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING, AND KNOWING THIS, SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS INVOLVED, AND DO SO ENTIRELY OF MY OWN FREE WILL.

MEMBER:_____ DATE:_____
SIGNATURE

PARENT: _____ DATE:_____
SIGNATURE (IF MEMBER IS UNDER 18)

MANNA'S MARTIAL ARTS

ENROLLMENT APPLICATION Part 3 of 3

☐ **Keep on file for all programs until notified**

REQUESTED AGE SPECIFIC PROGRAM

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- ☐ Teen/Adult (Ages 13 to 29)
- ☐ Songin (Minimum age 30)
- ☐ Kickboxing (Min. Ages 13)
- ☐ Try It Program
- ☐ Birthday Party
- ☐ After School Program
- ☐ Summer Activity Camp
- ☐ Outreach Program at: _____

MANNA'S MEMBER #: _____

PARTICIPANT

NAME: _____ (First) _____ (Last)

E-MAIL: _____

HOME PHONE: (_____) _____

Age

Consent To Treatment of Minor

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

The undersigned parent or guardian of _____ a minor, does hereby authorize, Manna's Martial Arts, Inc., and its employee(s) as agent(s) for the undersigned to consent to any X-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general, or other care medical treatment, or special supervision of any physician and or surgeon licensed under the provision of the Medical Practice Act whether such diagnosis or treatment is rendered at the doctor's office or at the hospital or on location.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, aid, treatment or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgement deem advisable. Neither said agent or any organization involved assumes any financial responsibility for exercising this right to treat or cause treatment for said minor.

(I) (We) hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Section 25.8 of the Civil Code or successive code thereto of California to surrender physical custody of such minor to (my) (our) above named agent(s) upon completion of treatment. This authorization is given pursuant to Section 1238 of the Health and Safety Code or successive code thereto of California.

These authorizations shall remain effective until: (month) ____ (Day) ____ 20___ OR ___ until further notice

Signature (Parent/Legal Guardian): _____ Date: _____

Parents address and phone number: _____

_____

Allergies (if any): _____

_____

All Medications Currently Taking: _____

_____

Insurance Company: Card copy attached: ___ yes or ___no

_____

Group # or ID #: _____

_____

Physician: _____ Phone #: _____

Other information: _____

_____ Signature of Parent or Guardian

_____ Date

COVID-19 Liability Release Waiver

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to the viruses capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions with which Manna's Martial Art, Inc. (the "Organization") will comply.

In consideration of my participation in the Organization, the undersigned acknowledges and agrees to the following:
I am fully aware that by physically attending the Organizations studio premises and personally participating in the Organizations activities I am exposing myself to injury or illness, including; but not limited to, Influenza, MRSA and COVID-19, all of which may lead to paralysis or death.
I hereby certify as follows:

☐ Initial Here — I have not experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough or am I exhibiting any other symptoms relating to COVID-19, or any communicable disease within the last 14 days.

☐ Initial Here — I have not, nor has any member(s) of my household, traveled by sea or by air, internationally within the past 30 days.

☐ Initial Here — I did not, nor did any member of my household, visit any area within the United States that was reported to be highly affected by COVID-19, in the last 30 days.

☐ Initial Here — I have not nor any member(s) of my household, been diagnosed to be infected of COVID-19 virus within the last 30 days.

Accordingly I hereby agree as follows:

☐ Initial Here — I will be fully and personally responsible for my own safety and actions while and during my participation in the Organization and I recognize that I may be at risk of contracting COVID-19.

☐ Initial Here — With full knowledge of the risks involved, I hereby release, waive, discharge the Organization, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly, arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises of the Organization or while using the facilities of the Organization that may lead to unintentional exposure or harm due to COVID-19.

☐ Initial Here — I agree to indemnify, defend, and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

By signing below I acknowledge that I have read the foregoing COVID-19 Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing it freely and willing; that I give my voluntary consent in signing this COVID-19 Liability Release Waiver of my own free will with full intention to be bound by the same, and free from any inducement or representation.

First Name _____ Last Name _____ Phone (_____) _____-_____

Signature _____ Date _____/_____/_____

Participant's Name _____ Participant's Name _____ Participant's Name _____

MANNA'S

Martial Arts

ADDITIONAL NOTES ABOUT APPLICANT (Form: AN120)

ENROLLMENT APPLICATION ADD ON TO APPLICATION 1 OF 4 Form: EA110

REQUESTED AGE SPECIFIC PROGRAM

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- ☐ VIP Program- Try It
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- ☐ After School Program
- ☐ Summer Camp
- ☐ Outreach Program at: _____

MANNA'S MEMBER #: _____

PARTICIPANT NAME: _____ _____

DATE OF BIRTH: ____/____/_____

COMPLETED BY: **NAME:** _____

RELATION: _____

HOME PHONE: (_____) _____ _____ **CELL/WORK:** (_____) ____ _____

EMAIL: _____

ADDITIONAL NOTES ABOUT APPLICANT: _____

The above notes and information are supplied for the direct use of Manna's for the success of the applicant listed above. To the best of my knowledge all of the above information is true.

THE _____ DAY OF _____, 20____. You must have a Release and Consent to Treat Form on file.

MEMBER: _____
SIGNATURE

PARENT: _____
SIGNATURE (IF MEMBER IS UNDER 21)