



# Kaminski's Martial Arts Academy

## Introductory Information

2870 Talley Cavey Road Suite 900  
Allison Park, PA 15101  
412-492-9998  
www.kaminskisata.com  
info@kaminskisata.com

Student's Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

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

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are there any physical ailments/limitations that may interfere with your training or that we should be aware of? Yes/No  
If Yes, please explain: \_\_\_\_\_

List Student Allergies/ Special Conditions: \_\_\_\_\_

What school do you currently attend? \_\_\_\_\_

What other sports or activities are you currently involved in? \_\_\_\_\_

How did you hear about our Academy and programs?

\_\_\_\_\_ Location – sign \_\_\_\_\_ Referral (if yes, who?): \_\_\_\_\_

\_\_\_\_\_ Website \_\_\_\_\_ Other (if yes, where?): \_\_\_\_\_

Please Rank These Attributes For Their Level of Importance/Interest

(1 – Least Important/Interest      3 – Moderately Important/Interest      5 – Most Important/Interest)

Self Defense	1	2	3	4	5	Attention Span	1	2	3	4	5
Self Confidence	1	2	3	4	5	Perseverance	1	2	3	4	5
Leadership	1	2	3	4	5	Flexibility	1	2	3	4	5
Concentration	1	2	3	4	5	Stress Relief	1	2	3	4	5
Coordination	1	2	3	4	5	Goal Setting	1	2	3	4	5
Competition	1	2	3	4	5	Weapon Training	1	2	3	4	5
Fitness	1	2	3	4	5	Discipline	1	2	3	4	5
Self Esteem	1	2	3	4	5	Courtesy	1	2	3	4	5
Courtesy	1	2	3	4	5	Integrity	1	2	3	4	5

### **RELEASE AND ASSUMPTION OF RISK AGREEMENT**

I understand this program, by the very nature, can present circumstances that place some risk of injury to myself and others while participating in such training activities. I understand the nature and content of the activity listed and am aware of the potential dangers incidental to engaging in the program. I agree to release, indemnify, defend and hold Pilsung Corporation, its officers and employees harmless and free from any all liability resulting directly or indirectly from participation in the program, including but not limited to liability for any all demands, damages, claims, suits liens and judgments, including costs and attorneys' fees, of whatever nature. I have carefully read this Indemnify, Release, Waiver, and Assumptions of Risk Agreement and fully understand its contents and understand that it shall be binding upon me, my heirs, successors and assigns. I am aware that this is a full release of liability and sign it of my own free will.

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

Office Use Only

Beginning Date \_\_\_\_\_ End Date \_\_\_\_\_