

## **ENROLLMENT APPLICATION Part 1 of 4**

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

MANNA'S MEMBER #: NAME: E-MAIL: ADDRESS: STREET ADDRESS Dressing rooms are supplied for specific genders. Those who identify differently will be provided AGE ZIP CODE separate accommodations. HOME PHONE: ( ) DATE OF BIRTH: \_\_\_\_/\_\_\_/\_\_ SCHOOL ATTENDING: PREVIOUS MARTIAL ART EXPERIENCE: YES □ NO  $\square$  (IF YES, EXPLAIN ON BACK OF TOP PAPER) CONTACT 1: NAME: First name HOME PHONE: ( \_\_\_\_\_\_ ) \_\_\_\_\_ **CELL/WORK:** CONTACT 2: 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 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: \_\_\_\_\_ PARENT: \_\_\_\_\_

MANNA'S, 12285 World Trade Drive Suite B, San Diego CA 92128 - (858) 487-6470 - www.manna.us - office@manna.us

SIGNATURE (IF MEMBER IS UNDER 21)

MANNA'S MARTIAL ARTS	☐ Keep on file for all programs until notified
ENROLLMENT APPLICATION Part 2 of 3	REQUESTED AGE SPECIFIC PROGRAM
LINICELINICITY ATTEMPTION TAIL 2 OF 5	
PARTICIPANT	Little Dragon (Ages 5 & 6) Birthday Party
NAME:	☐ Dragon (Ages 7 through 12) ☐ After School Program
First Last	☐ Teen/Adult (Ages 13 to 29) ☐ Summer Activity Camp
E-MAIL:	☐ Songin (Minimum age 30) ☐ Outreach Program at:
HOME PHONE: ( )	Kickboxing (Min. Ages 13)
Age	_
	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 <a href="http://www.manna.us/manual.html">http://www.manna.us/manual.html</a> 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**



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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 car 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 Mannas 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.

<b>MEMBER</b>	:	DATE:	
	SIGNATURE		
PARENT:		DATE:	
	SIGNATURE (IF MEMBER IS UNDER 18)		

#### MANNA'S MARTIAL ARTS **ENROLLMENT APPLICATION Part 3 of 3** REQUESTED AGE SPECIFIC PROGRAM Tiny Tigers (Ages 3 & 4) Try It Program **PARTICIPANT** Little Dragon (Ages 5 & 6) Birthday Party ☐ Dragon (Ages 7 through 12) ☐ After School Program ☐ Teen/Adult (Ages 13 to 29) ☐ Summer Activity Camp E-MAIL: Songin (Minimum age 30) Outreach Program at: HOME PHONE: ( \_\_\_\_\_\_ ) \_\_\_\_\_ Kickboxing (Min. Ages 13) MANNA'S MEMBER #: \_\_\_\_\_ **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 succive 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 succive 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: Card copy attached: yes or no Insurance Company: Group # or ID #: Phone #: Physician: 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: 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. I have not, nor has any member(s) of my household, traveled by sea or by air, internationally within the past 30 days. 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. I have not nor any member(s) of my household, been diagnosed to be infected of COVID-19 virus within the last 30 Accordingly I hereby agree as follows: 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. 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. 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. Last Name Phone First Name Signature Date

MANNA'S, 12285 World Trade Drive Suite B, San Diego CA 92128 - (858) 487-6470 - www.manna.us - office@manna.us

Participant's Name

Participant's Name

Participant's Name



## **ADDIT**

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IONAL NOTES ABOUT		☐ Songin (Minimum age 30) ☐ Outreach Program a ☐ Kickboxing (Min. Ages 13) ☐	
LLMENT APPLICATION ADD ON TO APP	PLICATION 1 OF 4 FORM: EATTU	MANNA'S MEMBER #:	
PARTICIPANT NAME:			
DATE OF BIRTH:/_			
COMPLETED BY: NAME:			
RELATION:)_ HOME PHONE: () _ EMAIL:	CELL/	WORK: ()	
ADDITIONAL NOTES ABOU	T APPLICANT:		
		anna's for the success of the applicant listed abo	ve.
o the best of my knowledge all of t		B. 10 T	
THE DAY OF	, Zu You must ha	ve a Release and Consent to Treat Form on f	ле.

MEMBER:	PARENT:	

SIGNATURE

SIGNATURE (IF MEMBER IS UNDER 21)