



**REALITY MARTIAL ARTS, INC.
1642 Route 309, Ste. 200
Quakertown, Pennsylvania**

MEMBER REGISTRATION FORM

Member Name: _____

Parent/Guardian (if under 18): _____

Address: _____

Phone: _____ **E-Mail:** _____

M/F _____ **Age** _____ **Weight** _____ **Height** _____

D.O.B. _____

Program Interests: _____ **Brazilian Jiu-Jitsu** _____ **Women's Self-Defense** _____ **Yoga**
 _____ **Shotokan Karate** _____ **Children's Package**
 _____ **Kick Boxing** _____ **Combo Package**

How did you learn about Reality Martial Arts? _____

Do you have any prior martial arts training? _____

Do you have any health issues which may affect your ability to participate in martial arts training?

PLEASE READ AND SIGN

**WAIVER: MIXED MARTIAL ARTS TRAINING IS AN INHERENTLY DANGEROUS
ACTIVITY WHICH INVOLVES SUBSTANTIAL RISK OF SERIOUS BODILY INJURY AND/OR HARM!**

I have read and understood the above and would like to register for martial arts training:

Signed: _____ **Date:** _____