

ENROLLMENT APPLICATION Part 1 of 3

REQUESTED AGE SPECIFIC PROGRAM				
☐ Tiny Tigers (Ages 3 & 4)	☐ VIP Program- Try It			
Little Dragon (Ages 5 & 6)	☐ Private Enrollment			
☐ Dragon (Ages 7 through 11)	☐ After School Program			
Teen/Adult (Ages 12 to 29)	☐ Summer Camp			
Songin (Minimum age 30)	Outreach Program at:			
☐ Kickboxing (Min. Ages 12)				

					MA	NNA'S MEM	BER #:	
	NAME:	First	Middle Initial		Last			
PARTICIPAN	E-MAIL:						. .	•
	ADDRESS:	STREET AD	DDF00			.		
	_	STREETAL				- AGE	MEN WOME	N ALL GENDER
	HOME PHON	E: () _	CITY	STATE	ZIP CODE	AGE	Dressing rooms a specific geno	ders only.
	SCHOOL ATT	ENDING:			DATE OF BIF	RTH:	//	
	PREVIOUS MARTIAL ART EXPERIENCE: YES NO (IF YES, EXPLAIN ON BACK OF TOP PAPER							
	CONTACT 1:		NAME:	Eirot	name	Loc	st name	
	HOME PHON	E: () _			/WORK: ()	ot ridille	
	CONTACT 2:		NAME:		t name			
	HOME PHON	E: () _			/WORK: ()	ast name	
	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							
			NFIDENCE LI LEADE	RSHIP LI CA	ALMNESS LI FAIRNE	SS LI SOCIAL	SKILLS	
	HEALTH CONDITION: HOSPITALIZED IN THE PAST THREE YEARS? YES D NO D IF YES, PLEASE EXPLAIN:							
	HOSPITALIZED IN	THE PAST THREE	YEARS? YES LI	NO LI	IF YES, PLEASI	E EXPLAIN:		
	ANY TYPE OF ALLERGIES ? YES NO IF YES, PLEASE EXPLAIN:							
	ANY PHYSICAL, MENTAL CONDITION(S) AND/OR MEDICATION? YES NO							
	LIST ANY AND ALL PHYSICAL/MENTAL CONDITIONS AND/OR PROBLEMS							

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 Instructor and take on all responsibility for myself or my family members for any and all participation in activities at Manna's Martial Arts, Inc. All fees that are paid 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:

SIGNATURE

SIGNATURE (IF MEMBER IS UNDER 21)

MANNA'S MARTIAL ARTS ENROLLMENT APPLICATION Part 2 of 3 PARTICIPANT NAME: E-MAIL: HOME PHONE: () Release	Keep on file for all programs until notified REQUESTED AGE SPECIFIC PROGRAM Try It Program Try It Program Birthday Party Dragon (Ages 7 through 11) After School Program Teen/Adult (Ages 12 to 29) Summer Activity Camp Songin (Minimum age 30) Outreach Program at: Kickboxing (Min. Ages 12) Age MANNA'S MEMBER #:
Warning, Waiver, Release of Liability a	and Agreement to Participate
In consideration of being permitted to participate in any way, inc tournament, clinic, sports camps, sports activities, after school act Manna's Martial Arts, Inc., hereinafter referred to as "Manna's", The Arts League, Brian D. Manna, Christopher A. Brandt, Janet K. Man I. Acknowledge that I will become familiar with the martial arts, self the rules governing them before participating in any lessons. Studio at http://www.manna.us/manual.html then download .pdf file, review 2. Agree that prior to participation, I will inspect the mats, equipment beyond my capability, I will immediately advise my instructor, aconditions and refuse to participate. 3. Acknowledge and fully understand that I will be engaging in including permanent disability or death, and severe social and econonegligence, but also to the actions, inactions or negligence of others, of any equipment used. Further, I acknowledge that there may be off at this time. 4. Knowing the risks involved in this activity, assume all such rist following such injury, permanent disability, or death. 5. Release, waive, discharge and covenant not to sue Manna's, The Arts League, Brian D. Manna, Christopher A. Brandt, Janet K. Man clubs, their respective administrators, directors, agents, coaches at event officials, medical personnel, other participants, their parents, graphosors, advertisers, and if applicable, owners, lessors, and lesses whom are hereinafter referred to as "release," from any and all claincluding permanent disability and death or damage to property, can negligence of the release or otherwise, to the fullest extent permitted insurance other than our own policies. 6. Additionally agree that as parents or legal guardians of minor participants to the above warnings and conditions and their ramifical IHAVE READ THE ABOVE WARNING, WAIVER, RELEASE, RIGHTS BY SIGNING, AND KNOWING THIS, SIGN IT VOLUTHE RISKS AND CONDITIONS INVOLVED, AND DO SO Extended to the server of the release of the release of the releas	tivities, testing and or related events, and activities of the Educational Martial Arts System, Inc., Varsity Martial and, Sue Huey, I hereby: If defense and activities involved in, and will understand rules and procedures may be reviewed and downloaded we pages 19 and 23 through 26. In ment and facilities, and if I believe anything is unsafe supervisor, coach, and/or a tournament official of such a contact activity that might result in serious injury, omic losses due not only to my own actions, inactions or the rules of the activity, or conditions of the premises or her risks not known to me or not reasonably foreseeable as and accept personal responsibility for the damages of Educational Martial Arts System, Inc., Varsity Martial and, Sue Huey, Sahar Mesri together with their affiliated and other employees or volunteers of the organization, uardians, supervisors and coaches, sponsoring agencies, es of the premises used in conducting the event, all of tims, demands, losses, or damage on account of injury, aused or alleged to be caused in whole or in part by the diby law. I understand that I (we) are not covered by any articipants (age 18 and below), will instruct the minor tions, and that they consent to the minor's participation. UNDERSTAND THAT I GIVE UP SUBSTANTIAL DINTARILY. IAGREE TO PARTICIPATE KNOWING

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 18)

PARENT:

MEMBER:

SIGNATURE

MANNA'S MARTIAL ARTS REQUESTED AGE SPECIFIC PROGRAM **ENROLLMENT APPLICATION Part 3 of 3** ☐ Try It Program Tiny Tigers (Ages 3 & 4) PARTICIPANT Little Dragon (Ages 5 & 6) Birthday Party ☐ Dragon (Ages 7 through 11) ☐ After School Program Teen/Adult (Ages 12 to 29) □ Summer Activity Camp E-MAIL: Songin (Minimum age 30) Outreach Program at: HOME PHONE: (______) ____ Kickboxing (Min. Ages 12) **Consent To Treatment of Minor** MANNA'S MEMBER #: AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR The undersigned parent or guardian of a minor, does hereby authorize, Manna's Martial Arts employee 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, other care giving, 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, 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 action. (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 Initial here: Signature (Parent/Legal Guardian) Date: Parents address and phone number Allergies: Medications Currently Taking: Insurance Company: Card copy attached yes no Group # or ID # _____ Phone #: Physician Other information: Parent or Guardian Date

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

COVID-19 Liability Release Waiver

Participant's Name

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. First Name Last Name Signature Date

Participant's Name

Participant's Name