



Martina Farnham
539 Birch Drive, Houston, Pa. 15342
724.884.5354

Student Registration

Please Print

Student Name: _____
Address: _____

Date of Birth: _____

Parent / Guardian: _____

Phone#: _____

E-Mail: _____

Phone#: _____

Second Student _____

Date of Birth: _____

List any medical concerns or conditions that could be triggered by physical activity. (i.e. asthma)

_____ _____ All medical information is confidential and law protects its security.
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Payment schedule

Per Session (Cash or Check) A: _____

Monthly Option B: _____ per month based on schedule

I know of no other health reason(s), other than the information indicated on this form, why I should not participate in any martial art activities. I understand that I will not hold Martina Farnham responsible for any injuries incurred while training or at any location of the training by Martina Farnham. I understand photographs and/or video of students may be taken during class and possibly used in promotional displays and posted on the Martina Farnham social media websites.

Student Signature _____

Date _____

If a situation arises where you are unable to make your scheduled appointment, please call Martina Farnham at 724.884.5354 and leave a message including a call back number. Martina will return your call as needed. Please note, any cancelation of a scheduled appointment within 24 hrs. of the appointment, you will still be charged for the session.