

KAPAP ACADEMY LLC

Enrolment registration form

Name: _____ last: _____

Address: _____

Phone: _____ Email or Fax: _____

Age (must be 21 years or older) _____ D.O.B (DD/MM/YY) _____

Nationality: _____ Work: _____

Do you have any Martial Arts background? – If YES, What and How long?

Do you own a Martial Arts/Self-defence school – or do you teach M.A./Self-defence?

If YES: -Students: _____ -Location/city: _____ -Since/years: _____

Please note: The above questions are not requirements to participate in our courses/seminars.

Student payment information:

Name: _____ Company/Agency: _____

Street: _____ City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____

Payment information (check one):

Make checks payable to: **KAPAP ACADEMY**

Cash Check Money Order Invoice# _____

Print and Fax or mail this form to:
Kapap Academy, P.O.Box 4027, River Edge NJ, 07661, USA
Tel: (201)310-6707/ Fax: (201)343-7231

www.kapapacademy.com info@kapapacademy.com



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Course Policy

1. Please arrive on time, training starts at 8:30am on the first day and (08:00) thereafter please arrive at least 30 minutes in advance. Sorry no pickups!
2. By attending this training course you **understand and agree** that Israeli Martial Arts and demonstrations are classed as high risk activities and to the extent permitted by law.
3. You expressly and voluntarily assume the risk of personal injury or death sustained while participating in such activities. Additionally you agree to indemnify, defend and hold Kapap Academy LLC or its contactors harmless from any third party claims arising from high risk activities or Martial Arts, weapons or any Kapap Academy LLC product.
Please initial here:
4. Remember to bring water and small snacks. Eating in the training area is not permitted.
5. The complete course/seminar amount is **NON REFUNDABLE**, if you cancel your application.
Please initial here:

Applicant agrees with his/her signature:

Date:

Sign

Print



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