



Independently owned and operated under license

Student Application

Student's Name _____

Address _____ Town _____ Zip _____

Date _____ Date of Birth _____

Employer (adults) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address* _____

*All communications are done through email. Please let us know if you do not have access to email or would like the info sent to multiple emails (work and home, spouses, etc.)

Emergency Contact _____ Phone _____

What are your main reasons for taking martial arts? _____

How did you hear about us? _____

Any medical problems the instructors should be aware of? _____

Villari's Self Defense reserves the rights to dismiss a student at any time for misconduct or actions which may convey a bad image of this or any other school. I hereby acknowledge that Villari's Self Defense Center is not responsible for any injuries suffered while entering, leaving, or on the premises.

Signature _____ Parents must sign if under 18

If returning by mail, send to: Villari's Self Defense, 51 Pequawket Trail, Standish, ME 04084
or email to villarisselfdefense@msn.com