

# Cloud Forest Chin Woo Martial Arts Association



*Tel. phone (336) 748-0038*

**956 Peters Creek Parkway, Winston-Salem, North Carolina 27103**

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## *Membership Application*

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### **Personal Information:** *(please print neatly)*

Name \_\_\_\_\_ Sex \_\_\_\_\_  
Last First M.I.

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_ \*CFCWA ID #: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_

Rank \_\_\_\_\_ Style \_\_\_\_\_

School/Club Name \_\_\_\_\_

School Address \_\_\_\_\_

Instructor's Name \_\_\_\_\_

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### **General Membership in the Cloud Forest Chin Woo Association at the Rank of \_\_\_\_\_ Belt.**

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I hereby make application for membership in the above mentioned organization, and upon acceptance I sincerely pledge to obey all the rules and regulations which are set up for the purpose of keeping the order of the federation and for the protection of students from injury. I recognize that a risk is involved in this art that requires my adherence to these rules and regulations and to the instructor's discipline.

Further, I affirm that I am in good health and that I am aware that all activities, including but not limited to, physical training, sparring, and all other activities inherent to the participation in the martial arts, are entirely voluntary. I am aware that I can elect not to take part in any activity which I feel may involve some element of risk or discomfort to me.

Accordingly, I accept all conditions of membership incorporated in this application, instructional manuals, as well as other oral or written directives given by the Master Instructor, instructors, or higher ranking students. I agree to hold harmless and indemnify the organization and/or affiliated associations and all instructors, members, and authorized guests from liability for damages for any injuries, including, but not limited to, death and disability arising from any of the activities of the organization. I also understand that any treatment for injuries that I may sustain will be of a first-aid type only, given with my permission, and I fully understand that the provider may not be a trained medical person.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

For Minors Only: As parent or guardian of the above named applicant, I request that the applicant be accepted and agree to hold harmless and indemnify the organization, Master Instructor, instructors, members, and authorized guests, of and from all claims made by or on behalf of the applicant, in consideration of accepting him/her for entrance in this above named organization.

\_\_\_\_\_  
Parent or Guardian (if under 18 years of age)

\_\_\_\_\_  
Date