

Chi Rho Kali Level 1 Certification

Name: _____

Address: _____

Tel: _____ Age: _____ Wt. _____

Sex: Male Female

Your Instructors Name: _____

Your Rank: _____ Previous Arnis Training: Yes No

If yes, Where? _____ How long? _____ Rank: _____

School: _____

Fee: \$100. Checks made out to "SKTSD"

Waiver of Claim: I hereby submit my application for registration in "Chi Rho Kali Level 1 Certification". I agree to waive all claims against any persons, school, or association connected with David Sgro, Alan Friedman, and Pine Bush Karate. Cumberland Baptist Church and David Sgro. I assume complete and full responsibility for any injuries I may sustain, and likewise will assume full responsibility for all my actions in connection with this Level 1 Certification. Furthermore, I understand promotion is earned, not awarded. If, for any reason, I do not pass the test, I will be able to test a future date for no additional test fee (training fees will apply).

Signature: _____ Date: _____

If under 18 years, guardian must sign