FREE CLASS

WITH THIS VOUCHER

305-365-0120
senseimorgan@rdcamma.com

RDCA MMA

THE ULTIMATE BLACK BELT EXPERIENCE!

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ Email: _____

State: _____ Zip: _____ Parents: _____

DOB & Age: _____

RDCA MMA WAIVER

I understand and agree that the Academy of Martial Arts RDCA Corp. will not be held liable for injuries, damages, etc., caused by my involvement in the classes, training, or activities performed at, or in conjunction with, the Academy of Martial Arts RDCA Corp. It is also understood that I have been checked by a medical doctor and authorized for this type of activity.

Signature of Student , Parent/Guardian: _____ **Date:** _____

WWW.RDCAMMA.COM

DESIRED BENEFITS

Please check the benefit(s) you would like to receive from RDCA MMA.

- ☐ Self Defense
- ☐ Self Confidence
- ☐ Physical Conditioning
- ☐ Respect
- ☐ Athletic Skill
- ☐ Muscle Strength
- ☐ Positive Attitude
- ☐ Energy
- ☐ Mental Strength
- ☐ Self Discipline
- ☐ Weight Loss
- ☐ Inner Peace

QUESTIONNAIRE

How did you hear about us? _____

Why are you interested in learning the Martial Arts? _____

What are your goals? _____

Is there anything special you would like us to know? _____

Do you have any medical issues? _____