



VILLARI'S

America's Foremost Martial Arts Centers
Martial Arts for Everyone!

Knife Throwing Clinic and Tournament

Student Name: _____

Age: _____ D.O.B. _____

Parent Name: _____

Phone: _____

Emergency name & number _____

Email: _____

Villari's Martial Arts Centers reserves the right to dismiss any student at any time for misconduct or any actions which may convey a bad image at the Villari's Martial Arts Centers. I hereby acknowledge that Villari's Martial Arts Centers is not responsible for any injury suffered on the premises and assume all the risks inherent and incidental to this type of sport activity as a condition for my attendance and participation in Villari's martial arts training. I further relieve Villari's Martial Arts Centers, its management, as-signed staff and fellow students from any liability resulting from personal injury or loss of personal belongings. I also hereby state that the students named above are physically fit to take the prescribed course of instruction and do so of their own free will for an agreed upon fee. I understand there is a no refund policy on any amount of money I will pay to this martial arts center.

Signature: _____ Date: _____

**\$60 Clinic and Tournament registration includes a set of
3 throwing knives w/case.**

R.S.V.P. by June 13th via e-mail



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