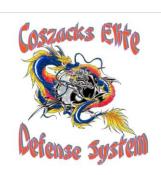
COSZACKS ELITE DEFENSE SYSTEM

Karate/ Tae Kwon Do / Judo / Martial Arts Weapons / Tournament Competition Tri Valley Fitness Center 740-819-4852



MASTER BRAD M. SEWARD 5th DEGREE BLACK BELT

****Please Make Checks Payable to: Brad Seward

STUDENTS' NAME: _			
ADDRESS: _			
CITY: STATE: ZIP:			
DATE Of BIRTH: _			
PHONE: HO	OME:	CELL	
EMAIL:			
INJURY, THE INST CONNECTED W	RUCTORS, BUIL THE THE COSZA ENTER, OR THE	RSTANDS THAT IN CADING, GROUNDS, OR AD CKS ELITE DEFENSE TRI VALLEY SCHOOLD RESPONSIBLE.	ANY OTHER PERSON
STUDENTS' SIGNATU (If 18 Years of Age)	JRE		_ DATE:
IF UNDER 18 YE	ARS OF AGE HA	VE PARENTS COMPLE	ETE THIS SECTION
I HAVE READ THE AI PARENT/S OR LEGAL		ACKNOWLEDGE THAT	Γ I AM SAID STUDENTS
PARENT/S SIGNATUR	RE		DATE:
PARENTS NAME			
ADDITIONAL INFORM	MATION OR PHO	NE#'s	