



FRED VILLARI'S

STUDIOS OF SELF DEFENSE

3601 OCEANVIEW BLVD.
GLENDALE, CA. 91208 , TEL-957-7544
Enrollment Application and Agreement



NAME _____ PHONE _____ DATE _____
ADDRESS _____ CITY _____
Employer _____ ZIP CODE _____
Address _____

Age: _____ Date of Birth _____ Adult Police Record: Yes ___ No ___

Have you studied martial arts before? Yes ___ No ___ Style _____
Rank _____

Do you or have you had any physical or mental problems that might need special attention
by the instructor? Yes ___ No ___
List: _____

Were you recommended by a student from the school? Yes ___ No ___
List Names: _____

What are your reasons for wanting to enroll with the Studio?

Mother's Name _____ Father's Name _____

NO REFUNDS OR CREDIT.

PROGRAM DESIRED

Adult Private _____ Total Sum \$ _____
Adult Group _____
Teen Private _____ Deposit \$ _____
Teen Group _____
Children's Group _____ Balance \$ _____
Children's Private _____

Fred Villari's Studios of Self Defense(FVSSD) or Villari's Self Defense Centers (VSDC) reserves the right to dismiss
any student at any time for misconduct or actions which may convey a bad image or endanger, in the opinion of
FVSSD or VSDC, any members of this or any FVSSD or VSDC center.

I hereby acknowledge FVSSD or VSDC, its agents, employees, instructors, and representatives are not in any manner
responsible for any or all injuries that may be incurred by the student while studying martial arts or testing for rank at
FVSSD or VSDC. I further agree to indemnify and hold harmless FVSSD or VSDC, its agents, employees, and
representatives from any and all injuries the student incurs for any type whatsoever while studying martial arts or
testing for rank which may include physical contact and mental discipline at FVSSD or VSDC.

I hereby accept, agree, and acknowledge all of the above statements, terms, and conditions of this agreement.

Instructor _____ Parent or Guardian _____

Student (If 18 years old and Above) _____