

EDGE WAVES, LLC



Prior Medical Conditions(s) Declaration

Student Name: _____

Admission Date: _____

Parent/Guardian Name: _____

I hereby Certify: I, _____
the student/guardian/parent of above said student, certify that I/My Child has
following prior medical conditions(s) and I am aware that these medical
conditions(s) will not interfere with my Martial Arts training that requires intense
workout:

Student Signature: _____

Parent/Guardian Signature: _____

EdgeWaves Kenpo Representative: _____

Date of Signatures: _____