

**City of Baker's Women's Self Defense Class**  
**Application/Registration Form**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number for text messaging  
(optional) \_\_\_\_\_

Do you have any physical limitations that may limit your participation? Yes/No

**Wavier:**

By signing this registration form, you state you will not hold any **staff or training instructors** liable for any injuries that you may incur while you are attending this class.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For more information or questions**

**Please Contact**

**James C. Self- Seminar Coordinator**

**225.316.4351 cell**

**Or**

**225.444.8598 office**

**[keystokingdoms@hotmail.com](mailto:keystokingdoms@hotmail.com)**