

# Warriors Mma

## Registration form/waiver

Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Kickboxing\_\_\_\_\_Jiu-jitsu\_\_\_\_\_Both\_\_\_\_\_

Last name\_\_\_\_\_ First name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_ Email\_\_\_\_\_

Any previous experience in Martial Arts?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, what art? And where?

Art?\_\_\_\_\_Years?\_\_\_\_\_Where?\_\_\_\_\_

Emergency contact:

Name and phone number\_\_\_\_\_

I Am fully aware that I will be engaged in physical exercise and that the use of exercise equipment, the gym facilities, training and instruction can cause injury. I am voluntarily participating in these activities and assume responsibility for any risk and/or injury that may result. I agree to waive any claims, rights or legal procedures against Warriors Mma Senc, its owners, employees, or other related agents. I also understand that I will conduct myself in a responsible manner and treat the facility, its members and staff in an appropriate manner. Failure to comply will result in the immediate expulsion. I hereby agree to follow the rules and regulations of Warriors MMA Senc.

Student's Signature\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Warriors Mma Senc Representative

Name\_\_\_\_\_ Signature\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Payment Method? Website\_\_\_\_\_ Cash\_\_\_\_\_ Check\_\_\_\_\_ Amount \$\_\_\_\_\_

