

Warriors Mma

Free Trial

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_____/_____/_____