



JUNIOR ONE MONTH TRIAL

PERSONAL INFORMATION:

Name: _____ Date of Birth: (d/m/y) ____ / ____ / ____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Alternate Phone: _____ (cell, work, other)

Previous martial arts experience and rank: _____

Start Date: (d/m/y) ____ / ____ / ____

Email: _____

DISCLAIMER:

I understand that Jiu-Jitsu is a contact sport as well as a method of self-defense, and as such there is a possibility of injury. With my signature below, I absolve Milton School of Jiu-Jitsu, the teachers and other students of any liability for any injury I may acquire during my participation.

Parent or Guardian Signature

Parent or Guardian Name (print)

Date: _____