

MILTON



REGISTRATION FORM

PERSONAL INFORMATION: (please print)

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

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Alternate Phone: _____ cell work

Previous martial arts experience and rank: _____

MEMBERSHIP:

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

Membership Type: Youth ____ Adult: ____ Family: ____

Membership Term / Payment option

Yearly(one payment) ____ 6 months ____ 3 Months ____

I would like an email reminder ____ email: _____

Membership renewal does not require additional forms unless the information above changes.

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.

Registrant Signature

Parent or Guardian Signature

Date: _____

Parent or Guardian Name (print)