

CHILDREN'S JIU-JITSU CLASS

REGISTRATION FORM

Please complete all sections of the form in **CLEAR** and legible handwriting.

STUDENT NAME		
PARENT/ GUARDIAN'S NAME:		
ADDRESS:		
DATE OF BIRTH:		AGE:
PARENT/ GUARDIAN'S TELEPHONE NUMBER:	1.	2.
OTHER EMERGENCY NAME & CONTACT NUMBER	Name:	Relationship:
		Number:
EMAIL ADDRESS (for class updates/ news):		
MOBILE NUMBER (text message updates):		
Does your child suffer from any illnesses/ difficulties (e.g. Asthma, eczema, allergies, etc)	YES	NO
If YES, please provide details:		

Any previous martial arts experience	YES	NO
If YES, which style and grade achieved?		
LEARNING OBJECTIVE (please tick one)	Self Defence	
	Confidence/ Self Esteem	
	Respect/ Discipline	
	Physical Fitness	
	Other (please state)	
How did you hear about the classes?: (e.g. website, a friend, etc)		

DECLARATION: "I promise to uphold the martial arts I am taught. I promise never to use the skills that I am taught against any person, except for the defence of myself, my family or friends in the instance of extreme danger or unprovoked attack, or in the support of law and order."

Child/ Parent Signature: _____

By signing this form I state that the above information is true and correct. I undertake to abide by the terms and conditions of Noah's Ark, as explained by its instructors. I accept that, whilst all reasonable care is taken, my instructors are not legally responsible for any accidents or injuries which may occur whilst my child is training at their class. I also understand that my child is expected to maintain a standard of behaviour, both during training and in general, which will not bring Noah's Ark into disrepute, knowing that failure to do so may result in expulsion. My child is medically fit to undertake intensive physical training.

Parent/ Guardian's Signature: _____

Date: _____