

For Staff: PM___ LF___ Staff___ Tour___ Intro Coach___ Class___ Note___



Student's Name _____ Date _____

Birthdate: _____ Age _____ Height/Weight _____

Student Email: _____ Cell Phone: _____

Goals:

How did you hear about us? _____

If online, where? _____, I searched _____

What are your two main goals we can help you reach with training?

1. _____ 2. _____

My main interest is: (Circle ONE)

Self Defense EDGE KIDS (Youth & High School Wrestling) Recreation/Hobby Adult Wrestling
Muay Thai/Boxing Weight Loss/Fitness Amateur/Pro Competition

Have you ever done martial arts or wrestled before, if yes where? _____, _____

What other sports + activities are you involved in? _____

Why do you want to learn martial arts or wrestling? _____

When did you last feel in amazing shape, how did you get in shape? _____

Have you ever belonged to a club or team, what team? _____

What is your main reason you are getting into training? _____

Are you a Ninja? _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent Guardian: _____ Home Phone: _____ Cell Phone: _____

Parent Email: _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Home Phone: _____ Cell Phone: _____

Allergies: _____

Other Medical Conditions: _____ Past Injuries: _____

Physician _____ Phone: _____

Other Notes about training we should know?

(Page 1 of 2)Signature and waiver on reverse side, turn to sign and complete

MEDICAL RELEASE / PARENTAL WAIVER

I certify that I am in good physical condition and fit to participate in the **Edge Hoboken MMA** program. I will not hold the Program, League, Instructors or any of its students responsible for any injury that might occur during my participation in the above activity. I also provide consent to use my likeness in any photos or promotional material and to be included in the student emailing list **(Please list any special medical conditions that might be necessary for coaches to know above.)**

I hereby give my permission for any and all medical attention necessary to be administered in the event of an accident, injury, sickness, etc. under the direction of the team coach or assistant coach until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

Parent Signature:	Date:
(Parental Signature required under 18)	
Student's Signature:	Date:

