

Sakura Kan Jiu Jitsu – New Plymouth

Drop In Session Form

Thank you for attending a Sakura Kan Jiu Jitsu class! Please fill out this form, so we can help you achieve your goals at New Plymouth Sakura Kan Jiu Jitsu.

1. Details

Student name: _____

Student birthdate: D _____ / M _____ / Y _____

Contact phone: _____

Contact email: _____

Do you have any medical conditions that may affect your ability to train? If so, detail:

Who should we contact in case of emergency?

Their name: _____

Their phone number: _____

Relationship to student: _____

2. Waiver

I understand that the training I receive is provided for the purpose of exercise instruction and guidance through the studies of Sakura Kan Jiu Jitsu. I further understand that the Instructors are not qualified to perform, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the sessions given should be considered as such. I should see a physician, chiropractor, or

other qualified medical specialist for any concerns, mental or physical ailment that I am aware of.

I affirm that I have stated all my known medical conditions and have answered all questions honestly. I agree to keep the Instructors updated as to any changes in my medical profile, and understand that there should not be liability on the Instructors part should I forget to do so. I understand that I have enrolled in the studies of my chosen martial art through Sakura Kan Jiu Jitsu and its instructors and its affiliates. I recognize that the program may involve strenuous physical activity including, but not limited to; muscle strength and endurance training, cardiovascular conditioning, and low to high impact contact with other students also learning.

I understand that there are conditions that may arise should I choose to participate which could be but are not limited to; heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur and training of other various fitness activities.

I hereby confirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this Martial Arts Club or any of its organizations belonging to Sakura Kan Jiu Jitsu. I acknowledge that my enrolment and subsequent participation is purely voluntary and in no way mandated by Sakura Kan Jiu Jitsu and its instructors and affiliates.

In consideration of my participation in this program, I hereby release Sakura Kan Jiu Jitsu and its instructors and affiliates from any claims, demands, and cases of action as a result of my voluntary participation and enrolment of the provided training services and/or exercise classes.

I fully understand of my enrolment and subsequent participation in this program and I hereby release "Sakura Kan Jiu Jitsu" and its Instructors and affiliates from any liability from now and into the future for conditions that I may obtain.

I hereby affirm that I have read, understood, and agree to the above.

Signed: _____

Date: D ____ / M ____ / Y ____

Thank you for completing your registration. Return this form to an instructor and we look forward to seeing you on the mats!