



**Julio Binda Brazilian Jiu Jitsu**

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## STUDENT INFORMATION / WAIVER

NAME \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBERS: CELL \_\_\_\_\_ HOME \_\_\_\_\_

EMAIL: \_\_\_\_\_

### (If student is under 18) please fill this section:

PARENT OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBERS: CELL \_\_\_\_\_ HOME \_\_\_\_\_

EMAIL \_\_\_\_\_

### HOW DID YOU HEAR ABOUT US?

FRIEND \_\_\_ WALK IN \_\_\_ FACEBOOK /INSTAGRAM \_\_\_ WEBSITE \_\_\_ OTHER \_\_\_\_\_

### WHAT DO YOU WANT TO LEARN FROM JIU JITSU TRAINING?

DISCIPLINE \_\_\_ SELF-DEFENSE \_\_\_ WEIGHT LOSS \_\_\_ FITNESS \_\_\_ TOURNAMENTS \_\_\_

The undersigned certifies that all questions were answered completely and truthfully to the best of his or her ability, and do hereby voluntarily submit this application for attendance at Julio Binda Brazilian Jiu Jitsu / Zenith. The member further testifies that he or she has no physical, mental or emotional illness that could impair training or cause his or her training to be injurious. While every effort on our part has and will be made to make classes and our facility as safe as possible, he or she must realize that any physical activity has the potential for injury and that he or she waive any claim of accidental or negligent damage against principals or instructors resulting from activity. He or she, parent or guardian hereby acknowledge, assume and accept risk by accepting and agreeing to allow the undersigned to participate.

SIGNATURE OF STUDENT, PARENT OR GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_