

SYSTEMA GREENVILLE REGISTRATION FORM

(PLEASE PRINT)

Name : _____

Parent/Guardian (if under 18) : _____

Age: _____ Height: _____ Weight: _____

Male ___ Female ___ DOB: _____

Driver's License Number: _____ State: _____

Phone: _____ Email: _____

Emergency Contact (name & number) _____

Martial Arts Experience: _____

How did you learn about Systema Greenville? _____

Do you have any health conditions that may affect your ability to participate in Martial Arts training (if so list)?

Do you require Medical Clearance to participate in Martial Arts Activities? YES ___ NO ___
(if so you must provide the same in order to participate)

I attest this I will excuse myself from any activity that I feel puts me at risk _____ (initial)

PLEASE READ AND SIGN

**WAIVER: MIXED MARTIAL ARTS TRAINING IS AN INHERENTLY DANGEROUS
ACTIVITY WHICH INVOLVES SUBSTANTIAL RISK OF SERIOUS BODILY INJURY
AND/OR HARM!**

I have read and understood the above and would like to register for martial arts training:

Name: _____

Signed: _____ **Date:** _____