



# BJJ Student Personal Analysis and Application

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Bday: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

In consideration for my attendance and participation in this academy's martial arts training, I, the student/ parent/ legal guardian, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve Nomad Aquatics and Fitness, M.A.T.I., MATI Clubs, Paulo Mushu, CheckMat, its management, assigned staff, and fellow students, from any liability resulting in personal injury or loss of personal belongings. I also hereby state that the student named above is physically fit to take the prescribed course of instruction and do so of their own free will for an agreed upon fee. I understand there is no refund policy on any monies I will pay to this academy or representative of said academy. A parent or legal guardian signature is required if the student is under the age of 18.

Signature: \_\_\_\_\_

What specifically would you like to accomplish in our BJJ/ martial arts program?

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What do you think your fitness level is: \_\_\_\_\_ Beginner; \_\_\_\_\_ Intermediate; \_\_\_\_\_ Advanced

Other activities: \_\_\_\_\_ Medical concerns: \_\_\_\_\_

## PLEASE CHECK EACH ITEM OF IMPORTANCE TO YOU

### Physical Fitness:

- \_\_\_ weight control/ exercise
- \_\_\_ strength/ flexibility
- \_\_\_ coordination
- \_\_\_ stress release

### Self-Defense:

- \_\_\_ safety/ awareness
- \_\_\_ always wanted to learn BJJ
- \_\_\_ love the art form
- \_\_\_ always wanted to earn a black belt

The information on this form will be kept confidential