

MMA Registration Form

NAME: _____

Address: _____

Phone #: _____

Date of birth: _____

Consent/waiver Form

I hereby authorize the staff/volunteers of Samson's Sports & Fitness Centre to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive & release Samson's Sports & Fitness Centre/Youth For Christ and its employees/volunteers from any & all liability for any injuries or illnesses incurred while at Samson's Mixed Martial Arts program or any of its functions. I have no knowledge of any physical or mental impairment that would be affected by my child's participation in the Mixed Martial Arts Program. I authorize the use of photos or video of my son/daughter by Samson's Sports & Fitness Centre/YFC for publicity purposes.

Name of Parent/Guardian (Print): _____

Contact Phone # if different from above: _____

Medical Insurance #: _____

Type Of Medical Insurance: _____

Medical Conditions We Should Be Aware Of: _____

Any Medication Being Taken? If So, Do They Carry It With Them?

Signature Of Parent/Guardian: _____

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MMA CODE OF CONDUCT

1: Respect each other: Swearing, name calling, rude comments and fighting will not be tolerated.

2: Respect the leaders: Respect must be shown at all times by listening when they are talking, paying attention, not talking back and responding to instructions given.

3: Respect the stuff: Everything we use (vehicles, MMA equipment, and the facilities we use) is to be treated with appreciation and care.

Infractions can result in suspension from the program

I agree to do my best to adhere to the code of conduct.

Signed: _____

Date: _____