

Profit MMA Kickboxing Training Presents:

Kickboxing MMA Functional Strength Training

Registration Form

(please check) Sat. ___ or Sun. ___

Please print

- Name:(last) _____ (first) _____ Sex: M ___ F ___
- Address: _____ city _____ state ___ zip _____
- Home phone: _____ cell _____
- Email address: _____ D.O.B. ___/___/___
- Previous experience _____
- Please list any health information or injuries _____
- _____
- Emergency contact name and phone #: _____



Waiver

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise, which can enhance the musculoskeletal and cardio-respiratory systems. In signing this document, I acknowledge being informed of the possible strenuous nature of the program and the potential for unusual, but possible, heart attack or death. By signing this document, I assume all risk for my personal health, well being and I hold no responsibilities towards the instructor Todd Sands, Tae Kicks Productions, Work Out World or any person involved with this program and testing procedures. I understand that questions about the exercise procedures and recommendations are encouraged and welcomed. I understand that this course is non-refundable after registration.

By signing this I agree to all conditions of this contract and waiver. Initials _____

Signature

Date