



Client Details:

1) Childs Name:		DOB:		
2) Childs Name:		DOB:		
3) Childs Name:		DOB:		
Address:				
Parent (Guardian) Name:				
Contact number:				
Secondary number:				
Emergency contact Name:				
Emergency contact Number:				
Childs fitness/activity level	Sedentary (0 hrs/week)	Low (0-1 hrs/week)	Medium (1-3 hrs/week)	High (4 + hrs/week)
How did you hear about us?				

Please give any further details about your child which you think the instructor should be made aware of here:

Parent (Guardian) Name:

Signature:

Date:



By signing above I agree to the following:

- I am aware that the child/children listed above will be engaging in physical exercise involving various general fitness and martial art training that can cause harm or injury.
- I hereby agree to waive any claims or rights that I may otherwise have to sue Areli BJJ owners, employees, for any injury that might occur.
- If the child/children listed above has any physical or mental condition that may impair their ability to engage in any Areli BJJ activities it is MY responsibility to obtain a physician's release.
- I understand that it is recommended I consult a physician prior to my child's/children's participation in any physical exercise program.

Areli Kids BJJ Marketing release:

As part of marketing and promotion Areli Kids BJJ take photos and videos of some training sessions. These will be used solely for Areli Kids BJJ Marketing and no other use.

I _____ *give permission/do not give permission* for the use of such images and or videos of _____.

Signed:

Date:



Code of conduct

At Areli Kids BJJ we expect all participants to adhere to a code of conduct

- Children are not to climb on/use any gym equipment
- Children are not to enter the Academy without an instructor present
- No food is to be consumed inside the Academy
- No shoes must not be worn on the mats
- All class participants must be respectful of each other and the instructor
- Any behaviour which jeopardises Areli Kids BJJ Insurances and the safety of others will not be tolerated

Should the above rules not be adhered to on a consistent basis then an instructor may ask you to leave and you may not be allowed back to future classes.

On behalf of the child(ren)

Parent/Guardian Name:

Signature:

Date: