



# STUDENT INFORMATION

**\*Please print legibly\***

**\*Student(s) name (s):** \_\_\_\_\_

**Preferred name/Nickname:** \_\_\_\_\_

**\*Email address:** \_\_\_\_\_

**\*(This is the email that any necessary Square Up/Frontline Invoices for payment will be sent) \***

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

**\*Telephone number:** \_\_\_\_\_

**\*Student's Date of birth:** \_\_\_\_\_

**\*EMERGENCY CONTACT:** (Name, Relationship, Telephone number): \_\_\_\_\_

**Kids only:**

**\*Parent/Guardian full name:** \_\_\_\_\_

**Specific student needs:**

**Important things we should know:** (allergies, medical conditions, etc) \_\_\_\_\_

**Health Insurance:**

- **Insurance Company:** \_\_\_\_\_
- **Insurance ID Number:** \_\_\_\_\_
- **Preferred Hospital:** \_\_\_\_\_

**\*Please Circle:**

<b>*What classes are you interested in?</b> (Select as many as you like)	Jiu-Jitsu	Wrestling	Muay Thai	Judo	Yoga	MMA	Other
<b>*What class are you attending today?</b>	Jiu-Jitsu	Wrestling	Muay Thai	Judo	Yoga	MMA	Other

**OTHER:** \_\_\_\_\_

**\*How did you hear about us?** (We reward our students for referrals! So please let us know who we can thank for your referral) \*

Google      Facebook      Website      Friend- **please list name of friend below**      Other

**Jiu-Jitsu and Judo only:** Belt rank: \_\_\_\_\_ Last promotion: \_\_\_\_\_