

REGISTRATION	
Participant's Name	
Gender: Age: E	Date of Birth (mm/dd/yy) : / //
Address:	Zip Code:
Home Phone: () Ce	ell Phone: ()
MEDICAL INFORMATION	
List any known medical conditions that could affect your ability to participate in contact sports:	
EMERGENCY CONTACT	
Name:	
Relationship:	
Phone: ()	
PARENT OR GUARDIAN ADDITIONAL INDEMNIFICATION	
FOR PARTICIPANTS UNDER 18 YEARS of AGE	
In consideration of	(hereafter "Minor") being permitted by
Action Reaction Jiu-Jitsu to participate in its activi	ties, I further agree to indemnify and hold harmless
Action Reaction Jiu-Jitsu from any and all claims which are brought by, or on behalf of Minor, and	
which are in any way connected with such use or participation by Minor.	
Parent or Guardian's Signature:	Date:
Print Name:	