



**STUDENT INFORMATION FORM**  
**Shogun Brazilian Jiu Jitsu**

FIRST Name (printed) \_\_\_\_\_

LAST Name (printed) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE (*cell* or *home?*): \_\_\_\_\_ EMAIL: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

**EMERGENCY CONTACT - PHONE:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **RELATION TO STUDENT:** \_\_\_\_\_

**REFERRAL: FRIEND NAME** \_\_\_\_\_ **OTHER** \_\_\_\_\_

\*\*\* MEDICAL CONCERNS \*\*\*

ALLERGIES: \_\_\_\_\_

HEART/CARDIOVASCULAR CONSIDERATIONS: \_\_\_\_\_

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

**CRIMINAL RECORD:** HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENCE?

NO

YES (if yes please speak with the instructor)

**EXPERIENCE/GOALS** (GOALS & ANY SPECIAL INTERESTS TO ACCOMMODATE STUDENT'S TRAINING):

\_\_\_\_\_

Student Signature (18 & over) \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/Guardian (Under 18) \_\_\_\_\_ DATE: \_\_\_\_\_