STUDENT NAME		BIRTH DATE		PARENT/GUARDIAN NAME	
STUDENT #2	BIRTH DATE	STUDENT #3		BIRTH DATE	
BILLING ADDRESS		CITY	STATE	ZIP CODE	
TELEPHONE		EMAIL ADDRESS			
EXISTING BELT RANK		REFERRED BY			
LIABILITY RELEASE	WAIVER				
forever release, discharge a illness, injury, loss, or dama part in training, self-defens occasioned by negligence o my own protective equipme publicly or on social media.	ge to my person or proper e, seminars, activities, and f Black Diamond Brazilian J ent. I am also aware that pi	ty howsoever caused arisi notwithstanding, that the iu Jitsu, representatives, c ctures or video may be re	ng out of or in connect same may have been or agents. I am aware corded during class, a	ction with my taking n contributed to or that I must supply and displayed	
STUDENT SIGNATURE		PARENT SIGNATURE		DATE	
MEMBERSHIP CON	TRACT				
Membership dues will be a not increase during this aut Membership cancellation re	o-renewal contract. Your ir	nitial tuition is to be collec	ted on the date mem	· ·	
I hereby authorize Black Dia	amond Brazilian Jiu Jitsu to	debit \$ for rec	urring monthly meml	bership payments.	
EFT BANK NAME	ACCOUNT NU	MBER	ROUTING	SIGNATURE	
CREDIT CARD TYPE	CARD NUMBER	FXPIRATION	CVC	SIGNATURE	