

# BITTERROOT WARRIOR ARTS – CORVALLIS & STEVENSVILLE

## NEW STUDENT INTRODUCTION SHEET

Please Print Clearly– All information to be kept confidential by **Bug Out Montana Survival Center**

Date: \_\_\_\_\_ Parent/Guardian(s) name(s): \_\_\_\_\_ (If under 18 yrs. old)

**Student's Name:** \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_  
**Birth Date:** \_\_\_\_\_ **Sex:** \_\_\_\_ **Age:** \_\_\_\_ **Emergency Contact Phone #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_ **Name of school attending (if applicable):** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **School District:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

Have you studied (Circle all that apply): Judo Jujitsu BJJ Karate Boxing Wrestling Other \_\_\_\_\_  
If so, where?: \_\_\_\_\_ How long ago?: \_\_\_\_\_ For how long?: \_\_\_\_\_  
Instructor's name: \_\_\_\_\_ Name & location of school: \_\_\_\_\_

Please circle the four most important benefits listed below that are important to you:

Self-Defense	Conditioning	Discipline	Sport
Self-Confidence	Figure Control	Self-Discipline	Recreation
Improve Self-Image	Increase Strength	Mental Control	To Instruct

To help us improve - HOW DID YOU DISCOVER BITTERROOT WARRIOR ARTS?:

Coach: \_\_\_\_\_ Word of Mouth: \_\_\_\_\_ Demonstration - Where?: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Social Media - Which?: \_\_\_\_\_ Advertisement - Where?: \_\_\_\_\_  
Other: \_\_\_\_\_

Do you have any health impairment or handicap that we need to be aware of?: Yes No  
If yes, is there anything we need to know that will help your martial arts experience?: \_\_\_\_\_

I can attend classes (circle all that apply):

	Mornings		Afternoons		Evenings
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

What level of skill do you wish to attain?: (circle one)

Basic Intermediate Advanced Expert Master

I HAVE READ THE ABOVE QUESTIONS AND ANSWERS, THE ANSWERS ARE BOTH TRUE AND COMPLETE AND CORRECTLY RECORDED.

Signature of Student or Parent/Guardian (if under 18 years old): \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*PLEASE COMPLETE OTHER SIDE\*\*\*\*\*

# BITTERROOT WARRIOR ARTS – CORVALLIS & STEVENSVILLE

## RULES --- REGULATIONS --- PLEDGES --- WAIVER

**STUDENTS & PARENTS/GUARDIANS:** Please help us to regulate dojo rules at ALL TIMES.

1. Observe & promote the true spirit and code of Bushido: **Honor – Courage – Fighting Spirit – Integrity.**
  2. Bushidokan Tradition: As you advance in knowledge and rank, **help those below you in knowledge and rank.**
  3. I understand all **lower ranks shall obey all higher ranks**, and higher ranks **shall not abuse or take advantage of their rank or authority.**
  4. In consideration for my acceptance as a student at BITTERROOT WARRIOR ARTS (BWA), I **pledge never to teach or instruct any technique, system or method of self-defense or hand-to-hand combat practiced or taught at BWA** without written permission and consent of the director of BWA. Otherwise I understand that I would not be accepted.
  5. I understand that this is a traditional Japanese dojo and **I agree to use only prescribed techniques.**
  6. I agree to observe & obey all instructions, signs and notices.
  7. I agree to **be on time** for all classes, tournaments, meetings, etc.
  8. I understand **drinking alcohol, smoking & vaping will not be allowed** on the property of BWA at any time.
  9. I understand any potentially dangerous objects will not be allowed in any workout area (jewelry, etc.).
  10. Member agrees to **be clean both verbally and physically.** Foul language will not be tolerated.
  11. Politics and religion are not to be discussed during class time.
  12. I understand BWA and **Bug Out Montana Survival Center** reserve the right to restrict, limit, make additional or change any class, as necessary.
  13. I understand no certain instructor is promised or guaranteed, BWA's reputation for attaining results will be maintained, however, to the best of its ability.
  14. I pledge to take care at all times to avoid injury to myself and to fellow students.
  15. I pledge never to use the knowledge gained at BWA except to protect the honor or well-being of myself or the defenseless.
  16. As a member I agree to hold BWA and all persons concerned harmless in the event of personal injury resulting from use of any techniques, in any manner, applied or taught during or after class, in tournament or elsewhere.
  17. BWA and **Bug Out Montana Survival Center** LLC have my consent to take/capture and utilize photos, recordings and video of those listed on this document, as well as those with me while in the facility and/or during any event held under the business' name for the purpose of commercial, promotional, general purpose, legal and educational use.
  18. I am in good health and have medical approval to engage in Self-Defense or the Martial Arts. I further assume all risks that are a part of and incidental to this training program and have read, understand and will comply with the above Rules, Regulations and Pledges.
  19. If BWA CORVALLIS OR STEVENSVILLE does not have a class, it will be listed with paperwork & electronically (bitterrootwarriorarts.com, Facebook, Instagram, etc.). It will be the guardian's responsibility to be sure that a student has class & is not dropped off & left unattended.
  20. Bathroom breaks will be quick & prompt, with no detours.
  21. Students & those visiting will take care to manage their own personal belongings & keep a clean & tidy atmosphere.
  22. Children will be prohibited to leave without an approved guardian.
  23. Those parking will be respectful of surrounding businesses & residences, obeying signs & being aware of where NOT to park.
  24. Those visiting during class times will be respectful of all classes taking place, making sure to not coach students while they are being trained, be loud or disruptive.
- I have read the above rules, regulation, pledges and terms. I agree to accept and comply with the above rules, regulations, pledges and terms. I understand my payment of classes and events are non-refundable nor exchangeable.*

Signature of Student or Parent/Guardian (if under 18 years old): \_\_\_\_\_ Date: \_\_\_\_\_