

BITTERROOT WARRIOR ARTS

NEW STUDENT INTRODUCTION SHEET

Please Print – 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 any thing 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

STUDENT NAME: _____ DATE: _____

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

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

1. Observe and 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 and obey all instructions, signs and notices.
7. I agree to be on time for all classes, tournaments, meetings, etc.
8. I understand drinking alcohol and smoking 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.

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: _____