

# Tribull Mixed Martial Arts Centers

1043 Garland Ave · San Jose, Ca. 95126

Ph. 408.398.9541 [www.tribull.com](http://www.tribull.com)



## New Student Questionnaire and Application

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: F M

Emergency contact : \_\_\_\_\_  
Name Relationship Phone

Under 18: Parent/guardian name (if different than emergency contact): \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Email: \_\_\_\_\_

Are you in good health with no physical problems? Yes No

If 'No' please explain: \_\_\_\_\_

Prior Martial Arts Experience? Yes No

If 'Yes' list school and style: \_\_\_\_\_

How did you hear about Tribull?

- Walk-in  Ad or flyer  Search engine  Tribull.com  
 Referred by: \_\_\_\_\_  Other: \_\_\_\_\_

Why do want to learn the martial arts (select all that apply)?

- Self defense  Self confidence  Weight control  Self control  
 Physical fitness  Self discipline  Competition/Ring fighting

Are you willing to set a goal to develop your mental discipline and physical fitness? Yes No

The undersigned student or parent/guardian understands the risks of studying martial arts and hereby releases Tribull Mixed Martial Arts Centers, all instructors, and all students of Tribull Mixed Martial Arts Centers from any and all liabilities for any type of injuries or loss sustained while training, studying, practicing, or in the application or martial arts and/or physical training. The undersigned also states that he/she is in good physical activity and knows of no reason why he/she cannot study and participate in any physical activity pertaining to training in the martial arts. The undersigned understands that Tribull Mixed Martial Arts Centers does not offer refunds.

In the event of an emergency, the undersigned hereby authorizes any licensed medical personnel to perform any accepted medical procedure deemed necessary, and agrees to bear the expense of any and all such treatment.

Name (Parent/Guardian Name if Under 18): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Train Strong to Remain Strong!