



El Matador Martial Arts

MUAY THAI
BRAZILIAN JIU-JITSU
MMA

Membership Form

unit 23/1147 South Pine Rd
Arana Hills, QLD 4054
ABN: 76 831 195 776

PERSONAL DETAILS

FIRST NAME	LAST NAME	DOB
MALE OR FEMALE	ADDRESS	SUBURB
PHONE	EMAIL	MOBILE

EMERGENCY CONTACT

NAME	RELATIONSHIP	CONTACT PHONE
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HEALTH DECLARATION

In the interest of safety, have you or do you currently have any health problems that El Matador Martial Arts should be advised of?

YES	NO	IF YES, PLEASE PROVIDE DETAILS

POLICIES & WAIVER DECLARATION

In signing this membership form, I also confirm that I have read and understood the policies, & waiver online and that any breaches and non-compliance of these can result in the termination of casual and or ongoing membership, and any cost or losses incurred due to breach will be payable by the member/patron and not the organisation

NAME (print)	SIGNED	DATE
GUARDIAN NAME (print) (IF UNDER 18YEARS)	SIGNED	DATE
WITNESS NAME (El Matador STAFF)	SIGNED	DATE