



610 QUEEN ST WEST, 3RD FL
TORONTO, ON M6J 1E3
CONTACT@6IXMMA.COM

Minor Student Application
(to be completed by Parent/Guardian)

Student Information:

Name: First: _____ Last: _____

Date of Birth: __ (d)/__ (m)/__ (y)

Address: _____

City, Province, Postal Code: _____

Email Address: _____

Sign me up for the 6IX MMA newsletter for updates, events and training deals!

Main Interests (check all that apply): Striking Grappling MMA

Prior Training (check all that apply): Striking Grappling MMA

How did you find out about us: Web Google Map Facebook/Twitter/Instagram

Current Member _____

Other _____

Goals: _____

Parent/Guardian: Name: _____

Phone No. _____ Email. _____

Emergency Contact: Same as above

Name: _____ Phone No. _____ Relationship _____

RELEASE OF CLAIMS ARISING FROM ACCIDENT

I (we), (the releaser, which term includes my heirs, executors, administrators, and assigns), in consideration of my acceptance as member of 6IX MMA, (the releases, which term includes the heirs, executors, administrators and assigns of the releasees), from all manner of actions, causes of action, claims or demands which I, the releaser, now have or may hereafter have against the releasees, in any way arising out of an accident occurring on or about the premises of 6IX MMA, whether or not occasioned by the negligence of the releasees. **I (We) acknowledge that any prior medical history or injuries that may affect health or physical well-being while participating in the programs at 6IX MMA must be discussed with the club manager before attending classes.**

Signature: _____ Today's date: __ (d)/__ (m)/__ (y)

6IX MMA Representative: _____