



Go Ninja Aerial Circus Arts

Please print neatly

- New _____ Date _____
 Renewal (student maintains a membership a minimum of 10 months per year)

Member name (first) _____ (last) _____
Age _____ Birth Date _____
Address _____
City _____ State _____ Zip Code _____
Phone (home) _____ (cell) _____ (work) _____
E-mail address _____

Make sure to like the Bare Knuckle Murphy's/Go Ninja Aerial Facebook Blog

Parent/guardian (first) _____ (last) _____
Address _____ City _____
State _____ Zip Code _____
Phone (home) _____ (cell) _____ (work) _____
Best time to reach _____

Membership paid by: (name) _____ (phone) _____

Please initial each of the following items upon completion.

- ✓ _____ Fill out the medical emergency information sheet
- ✓ _____ Sign the liability waiver
- ✓ _____ Fill out this enrollment paper
- ✓ _____ Sign the membership contract
- ✓ _____ Read athletes areas of consideration
- ✓ _____ Fill out goals sheet
- ✓ _____ I understand I must wear indoor only workout shoes.
- ✓ _____ I understand the parking rules. I realize I could get towed if I park in a private lot.
- ✓ _____ Like our Bare Knuckle Murphy facebook

How did you hear about us?

- ❖ _____ Newspaper (which one) _____
- ❖ _____ Sign _____
- ❖ _____ Word of mouth (who, so we may thank them) _____
- ❖ _____ Phone book ___ Fairpoint Yellow Pages ___ Talking Phone Book _____
- ❖ _____ Internet _____
- ❖ _____ Something else (what) _____

IF YOU ARE IN A CLASS SUCH AS GRAPPLING, AERIAL ARTS OR SPARRING YOU WILL HAVE BRUISES ON YOUR BODY. YOU MAY BECOME SORE AND PULL MUSCLES IF YOU PUSH TOO HARD IN ANY CLASS. YOU ARE RESPONSIBLE TO SPEAK UP OR STOP IF YOU FEEL YOU ARE NOT STRONG ENOUGH OR KNOWLEDGABLE ENOUGH TO FOLLOW THE LESSON IN THE CLASS.

Athlete's Medical Information The information you provide is confidential. If you prefer, you may bring in a "fit to participate" note from your doctor.

Member name (first) _____ (last) _____

Age _____ Birth Date _____ Date this form is completed _____

Who to contact in case of emergency:

Name _____ relationship _____

Phone (home) _____ (work) _____ (cell) _____

Name _____ relationship _____

Phone (home) _____ (work) _____ (cell) _____

Doctor preference _____ Phone _____

Hospital preference _____

Medical History

Last tetanus shot? _____ Dental exam? _____ Eye exam? _____

Last physical? _____

Does the athlete/participant plan to train for competition? Yes No

Does the athlete currently or in the past have any of the following?

| | Circle one | | Circle one | | Circle one | | Circle one | | | |
|--------------------------------|------------|----|------------|---------|---------------------------------|----------|------------|------|---------|---------|
| General Conditions: | one | no | or both | past | present | Injuries | one | no | past | present |
| Fainting spells/dizziness | yes | no | past | present | Toes | yes | no | past | present | |
| Headaches | yes | no | past | present | Feet | yes | no | past | present | |
| Convulsions/epilepsy | yes | no | past | present | Ankles | yes | no | past | present | |
| Asthma | yes | no | past | present | Lower Legs | yes | no | past | present | |
| High Blood Pressure | yes | no | past | present | Knees | yes | no | past | present | |
| Kidney Problems | yes | no | past | present | Thighs | yes | no | past | present | |
| Intestinal disorder | yes | no | past | present | Hips | yes | no | past | present | |
| Hernia | yes | no | past | present | Lower Back | yes | no | past | present | |
| Diabetes | yes | no | past | present | Upper Back | yes | no | past | present | |
| Heart disease/disorder | yes | no | past | present | Ribs | yes | no | past | present | |
| Dental plate | yes | no | past | present | Abdomen | yes | no | past | present | |
| Poor vision | yes | no | past | present | Chest | yes | no | past | present | |
| Poor hearing | yes | no | past | present | Neck | yes | no | past | present | |
| Skin disorder | yes | no | past | present | Fingers | yes | no | past | present | |
| Allergies | yes | no | past | present | Hands | yes | no | past | present | |
| Specify: _____ | | | past | present | Wrists | yes | no | past | present | |
| | | | past | present | Forearms | yes | no | past | present | |
| Joint dislocation or | | | | | Elbows | yes | no | past | present | |
| Separations | yes | no | | | Upper arms | yes | no | past | present | |
| Specify: _____ | | | past | present | Head | yes | no | past | present | |
| Serious or significant illness | | | | | Serious or significant injuries | | | | | |
| Not included above | yes | no | | | not included above: yes | no | | | | |
| Specify: _____ | | | past | present | Specify: _____ | | | past | present | |
| | | | past | present | | | | past | present | |

Is the participant:.....

Circle one additional information

- Currently taking any medication? _____ Yes no _____
- Allergic reactions to medications, bee stings, food? _____ Yes no _____
- Wear appliances (e.g. glasses, contact, hearing aid, _____ Yes no _____
false teeth, braces)?
- Surgical operations? _____ Yes no _____
- Physician placed restrictions on present activities _____ yes no _____
- Any existing medical or emotional conditions
that require special concern or attention by the coach? _____ yes no _____
- Any deformities (e.g. abnormal curvature of the spine,
heart problems, one kidney, blindness in one eye,
one testicle, etc.)? _____ yes no _____
- History of serious family illness (e.g., diabetes, bleeding
disorders, heart attack before age 50, etc.) _____ yes no _____
- Concussions? "Bell-ringer" to loss of consciousness _____ yes no _____
- Fainting spells or dizziness while exercising? _____ yes no _____

Does the participant have now or in the past any of the following personal habits?

- Smoking _____ yes no _____ past present _____
- Smokeless tobacco _____ yes no _____ past present _____
- Alcohol _____ yes no _____ past present _____
- Recreational drugs (e.g.,
Marijuana, cocaine, etc.) _____ yes no _____ past present _____
- Steroids _____ yes no _____ past present _____
- Others _____ yes no _____ past present _____

ARE YOU PREGNANT? _____

yes no Any constraints _____

Please explain, below, any concerns the participant may have for the coach or teacher.

LIABILITY WAIVER

This agreement is made by and between Bare Knuckle Murphy's, Inc/Go Ninja a New Hampshire business corporation having a principle place of business at 163 Lake Ave., Manchester, NH 03103, and _____.

The enrolling member or the parent or guardian of _____.

Whereas Bare Knuckle Murphy's, Inc. operates boxing, martial arts programs, and aerial circus arts for people age 2 to adult to teach boxing, martial arts, and aerial arts; coach competitive boxing, kickboxing, Brazilian Jui Jitsu and MMA on an amateur and professional basis, conduct boxing, kickboxing, and MMA sport events, coach aerial arts for amateur and professional performance, and conduct empowerment workshops through speaking engagements with Blue Max and with a performance troupe.

Whereas Parent or Participant desires to participate in programs offered by Bare Knuckle Murphy's to obtain benefits provided through said programs:

Now therefore, in consideration of the mutual promises contained herein, the sufficiency of which is hereby acknowledged, the parties hereto, intending to be legally bound, agree as follows.

1. Parent or Participant hereby represents to Bare Knuckle Murphy's Inc. that his or her child or he/she is in good health, and has no knowledge of any physical or mental disability, condition, or problem which might prevent full participation in the programs in which the participant is enrolling. Parent/Participant further represents that he or she will immediately inform Bare Knuckle Murphy's Inc. of any such disability, condition, or problem as may arise at any time in the future while the child is enrolled in Bare Knuckle Murphy's, Inc. programs. Parent/Participant represents that he or she has Doctors OK to participate in a program of strenuous exercise. Parent/Participant represents that if participant plans to become involved in the sport of sparring or competition he or she has the doctors OK. *Competitors must join the United States Amateur Boxing and or the USKBA Assoc.
2. Parent/Participant acknowledges that there are certain risks and dangers inherent in his or her child's, or his or her participation in any of the programs offered by Bare Knuckle Murphy's Inc., including but not limited to property damage, serious physical injury, permanent disability, or even death. Parent/Participant hereby releases Bare Knuckle Murphy's Inc. its directors, officers, employees, and agents from all liability which may arise from his or her or child's participation in Bare Knuckle Murphy's, Inc. programs and/or Bare Knuckle Murphy's, Inc. performance of this agreement. This release expressly includes all liability resulting from the negligence of Bare Knuckle Murphy's, Inc., its officers, directors, employees, and agents. Parents/participant acknowledges that this release is meant to be all encompassing, and is to be construed broadly to cover all risks, whether they are foreseeable or not.
3. New Hampshire law shall govern this agreement. Parent/Participant hereby consents to submit all concerning the formation or performance of this agreement to the jurisdiction of the courts of the State of New Hampshire.
4. Grappling, Thai boxing, and aerial arts can bruise your body and give fabric burns. If you strain hard you can pull a muscle. It is not unusual to get sore, especially when doing new exercise and movement.

THIS AGREEMENT IS AN IMPORTANT LEGAL DOCUMENT. PARENT/PARTICIPANT HEREBY ACKNOWLEDGES THAT HE/SHE HAS THOROUGHLY READ AND FULLY UNDERSTANDS ALL OF THE PROVISIONS CONTAINED HEREIN.

PARENT/PARTICIPANT FURTHER ACKNOWLEDGES THAT HE OR SHE HAS BEEN GIVEN THE OPPORTUNITY TO REVIEW THIS AGREEMENT WITH A LAWYER OF HIS OR HER OWN CHOOSING BEFORE SIGNING.

EXECUTED this _____ day of _____, 20_____

Parent/Participant _____



Go Ninja Aerial Circus Arts

Areas of Consideration for Go Ninja Aerial Circus Arts

I General Work Habits and Coach-ability

Promptness (early arrival for stretching)

Obvious attentiveness to teacher's instruction between exercises

Obvious mental and physical alertness during preparations for exercises

Obvious concentration while executing exercises

Ability to recall corrections for repeated application

Regularity (daily, not just occasional, application of good work habits)

Independence in the studio

The Notebook and regular documentation of progress, corrections, projects and goals

Daily lifestyle (nutrition, sleep habits and time management)

II General Areas of Technique

Body placement

Shoulder placement and upper back

Hip placement, lower back and abs

Use of feet and body for mobility and weight transition

Understanding aerial vocabulary

III Athleticism

Coordination, accuracy, and timing

Attack, physical dynamism and speed of movement

Flexibility Balance

Strength for muscular endurance and explosiveness

IV Professionalism

Full effort to make all practices

Treatment of all teammates with respect and dignity

Only constructive comments toward teammates.

Only positive comments to spectators

As a spectator, only positive comments to other performers and coaches.

Help pick up equipment after practices

Be professionally dressed in the gym and for contests.



Go Ninja Aerial Circus Arts

PERSONAL GOALS WORKSHEET

Name _____ Date _____

Check ALL of the areas of interest to you: Boxing Thai Boxing Savate Jiu Jitsu
 MMA Amateur Competition Professional Competition Self-defense Fitness
 Pilates Yoga Kung Fu Aerial Circus Arts

Goals regarding my general work habits:

Goals regarding technique:

Goals regarding my athleticism as it pertains to the above sport or art:

Goals regarding sparring aspects:

Other related goals for the year:

A few thoughts on my long-term goals:

Etiquette to keep you safe and happy

- The shoes you walked in with must be removed at the entrance. Boxing shoes, wrestling shoes, bare feet or stocking feet only in the studio.
- Keep hair securely held back from face....NO jewelry or barrettes.
- Fingernails and toenails must be clipped
- Aerial clothing must have no snaps, hooks, or zippers.
- If you are dirty or sweaty from a day of work... you need to take a bath before coming to the gym.
- Wear clothing that covers your body for going upside down. A leotard, tank, or rash guard that covers your shoulders will prevent fabric burns. Leggings need to go above the hip and below the thigh.
- If you perspire a lot, bring lots of changes of clothing.
- Drink lots of water.
- Drink only from your own water bottle.
- If you are late for your work out – take time to warm up.
- NEVER go on the climbing equipment without permission from your coach.
- NEVER let your ego drive you to continue when you are tired.
- NEVER let your ego drive you to do a move you are not ready for, or make you feel you must keep up with others. Slow and steady will get you to your goals.

Parking: After 5:30 class members may park in the ICP parking lot to the right of the dumpster. Other parking lots in the area are private parking for area businesses and apartments.