



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 or both			Circle one		Circle one or both	
General Conditions:	yes	no	past	present	Injuries	yes	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			Hands	yes	no	past	present
Specify: _____			past	present	Wrists	yes	no	past	present
			past	present	Forearms	yes	no	past	present
Joint dislocation or Separations	yes	no			Elbows	yes	no	past	present
Specify: _____			past	present	Upper arms	yes	no	past	present
Serious or significant illness					Head	yes	no	past	present
Not included above	yes	no			Serious or significant injuries 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, false teeth, braces)? _____ Yes no _____
- 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 _____
- Alcohol _____ yes no _____ past present _____
- Others _____ yes no _____ past present _____
- _____
- Any constraints _____

Please explain, below, any concerns the participant may have for the coach or teacher. You must be sure to let us know about any allergy to foods.

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 as the Combat Sport Athlete sets Personal Goals

I General Work Habits and Coachability

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 Ethical Aspects

Peaceful resolution of conflict prioritized

Understanding of when and how physical and verbal skills are to be used

Success achieved through respect, discipline, goal setting and leadership skills

Respect for self by focus on personal goals and improvement and the ability to protect your goals

III General Areas of Technique

Body placement in stance for stand-up / on the ground for ground combat

Use of feet and body for mobility and weight transition

Execution of defense

Execution of offense

Countering skills

Understanding distance

Understanding rhythm

Understanding of the sport vocabulary

IV Athleticism

Coordination, accuracy, and timing

Attack, physical dynamism and speed of movement

Flexibility Balance Strength

Cardiovascular fitness and stamina, aerobic and anaerobic

V Sportsmanship

Full effort to make all practices

Treatment of all opponents with respect and dignity

Only constructive comments toward teammates.

Only positive comments to spectators

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

Help pick up equipment after practices

Do not bleed on others. Stop and clean up. Clean up your blood off equipment.

Blow nose or spit into a tissue and dispose of in the garbage.

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

(If you stink we will let you know)

- 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.
- We have disinfectant spray and a utility sink if you only have outdoor shoes.
- Keep hair securely held back from face....NO jewelry or barrettes.
- Fingernails and toenails must be clipped
- Aerial and grappling 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...mandatory before grappling.
- Wear clothing that covers your body for grappling. (Rash guard, long sleeve t-shirts, leggings, board shorts etc. Take your workout clothes, kneepads, etc home each day and wash. Walk into the gym in clean workout attire.
- If you sweat a lot, bring lots of changes of clothing.
- Get your own sparring equipment. Headgear, sparring gloves, bag gloves, mouthpiece, groin protector. Ringside quality or better.
- Always take your equipment home and air-dry it. Insert a disinfectant wipe into each glove and allow to dry. Wash wraps after each use. (not with your whites)
- Clean mouthpiece after each use with your toothbrush
- If you are grappling it is kind to brush your teeth or chew gum prior.
- Drink lots of water.
- Drink only from your own water bottle.
- If you must spit...spit into a lined garbage container (not the gym entrance)
- If you are late for your work out – take time to warm up.
- Spar only under the supervision of a certified coach.
- Remove the shoes you have on your feet when you walk in the door.
- Only boxing shoes, wrestling shoes, bare feet, or clean indoor workout shoes brought in your workout bag are allowed past the entrance area.
- Do not bleed on others. Do not bleed on the equipment.
- Throw-up in the bucket or toilette. Clean up after yourself.
- Don't be a "coach-hog" Don't be a "bully" Don't be a "wimp"
- Don't confuse "stupid" with "tough" Communicate if a workout is too difficult
- Communicate if the level of sparring or rolling is too intense.
- Don't be "lazy" Don't be a "quitter"
- NEVER go on any 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. Team members are to park on Spruce and Cedar streets. Just walk up Barry Ave. Other parking lots in the area are private parking for area businesses and apartments.

Consent for Medical and/or Emergency Treatment**

I, _____, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by medical doctors, hospitals or their authorized designees, as may in their professional judgement be necessary to provide for the medical, surgical or emergency care of my

_____ (relationship) _____ (hereafter "dependent") – Full Name

I further give my consent to

_____ (hereafter "caregiver") – Full Name

who will be caring for my dependent for the period _____ through _____, to arrange for routine or emergency medical and/or dental care and treatment necessary to preserve the health of my dependent. In the event that my dependent is injured or ill while under the care of the caregiver, I hereby give permission to the caregiver to provide first aid for said dependent and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of my dependent, I direct that the caregiver attempt to contact me. However, if medical care becomes essential, I give permission to the caregiver to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the caregiver on my behalf for the benefit of my dependent, I authorize the caregiver to request, obtain, review and inspect any and all information bearing upon my dependent's health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my dependent and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my dependent during this period.

Signature of Legal Guardian

Dentist

Name

Address

Address

Phone

Phone

Phone

Name of dependent

Health Insurance Carrier

Allergies

Health Insurance Policy # and Group #

Personal Care Physician

Address of physician

Phone