



6 Parliament Street, Hamilton, Bermuda

STUDENT REGISTRATION FORM

Name of Student	Date of Birth	M F Gender
School / Employer	Grade	
Doctor / Phone	Medical / Allergies / Special Needs	

Parent's/Guardian's Name (for under 18 years of age)

Parent's/Guardian's Name	Emergency Contact
() Home Phone	() Home Phone
() Work Phone	() Work Phone
Address	Address
Parish, ZIP Code	Parish, ZIP Code
E-Mail	E-Mail

Account Billing Information Person responsible for payment of fees

Account Name	
Address	
Parish, Zip Code	
Telephone	
E-Mail	

Sign on Page 2



Liability Waiver

The **STUDENT** warrants, represents, and acknowledges, that **Alan Looby of Bermuda Jeet Kune Do (Bda JKD)**, has fully informed him/her of the nature and risks involved in the sporting and athletic activities taught by **Alan Looby**; that he/she is physically and mentally fit to participate in such activities; that he/she will not use the knowledge and skills acquired from **Alan Looby IN ANY WAY BUT A DISCREET AND JUDICIOUS MANNER**; that he/she will abide by the **RULES AND REGULATIONS** of **Alan Looby of Bda JKD**; that he/she assumes the risk of any and all **ACCIDENTS** and **INJURIES** of any kind sustained by him/her by reason of or in connection with said activities, and hereby **RELEASES DISCHARGES AND ABSOLVES** **Alan Looby of Bda JKD**, its agents, programs and employees for and from any and **ALL LIABILITY** or **RESPONSIBILITY** for such **ACCIDENT** or **INJURIES**, whether the same are caused by or attributable to their negligence of any of them.

I also authorize that **Alan Looby of Bda JKD** has the right to use all photographs or video taken of me or my child while participating in the **Alan Looby of Bda JKD** a program for advertising and promotional material.

By signing below, you acknowledge you have read and understand all information above.

Signature _____ Date _____

Signature of Parent/Guardian if under 18 yrs of age _____

Date _____