NATURE ISLE FIGHT ACADEMY

ADULT REGISTRATION | AGES 18+

Complete all required sections. Adult registration is subject to NIFA terms and approval. Please select your preferred membership option below.

1. MEMBER INFORMATION

Full legal name *

Preferred name

Date of birth (DD/MM/YYYY) *

Mobile / WhatsApp *

Email *

Address / community *

2. EMERGENCY CONTACT

Emergency contact name *

Relationship *

Emergency contact phone *

Alternative phone

3. TRAINING INTERESTS

Select all that apply

- ☐ MMA
- ☐ Boxing
- ☐ Kickboxing
- ☐ Grappling / BJJ
- ☐ Wrestling
- ☐ Strength & Conditioning
- ☐ Women's Fight & Fit
- ☐ Tai Chi & Mobility

4. TRAINING BACKGROUND AND GOALS

Current experience level *

- ☐ Beginner
- ☐ Intermediate
- ☐ Advanced / competitive

Previous martial arts / combat sports experience

Main goals for training

5. MEMBERSHIP PREFERENCE

- ☐ Annual prepaid - XCD 2,212
- ☐ Semester payment plan - subject to terms / approval
- ☐ Quarterly payment plan - subject to terms / approval
- ☐ I need NIFA to contact me about payment options

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ADULT REGISTRATION | CONSENT

6. HEALTH AND SAFETY INFORMATION

NIFA may request medical clearance where appropriate

Current injuries, health conditions, allergies, or other safety information

Medication or treatment relevant to training or emergency care

Have you been advised by a health professional to avoid or limit strenuous exercise?

- [ ] Yes
- [ ] No

7. PARTICIPATION ACKNOWLEDGMENT AND CONSENT

- [ ] I understand that martial arts, combat sports, sparring, grappling and physical conditioning involve inherent risks of injury, including falls, collisions, strains, sprains and, in rare cases, serious injury. I choose to participate voluntarily.
- [ ] I agree to follow coach instructions, NIFA safety rules, equipment requirements and standards of respectful conduct. I understand that sparring or advanced contact is subject to coach approval.
- [ ] I confirm that the information I provided is accurate to the best of my knowledge and I will tell NIFA about any change that could affect safe participation.
- [ ] If I am unable to communicate in an emergency, I authorize NIFA staff to provide basic first aid and to seek appropriate emergency medical assistance.
- [ ] I understand that class places are limited, booking is required, and membership / payment arrangements are governed by NIFA membership terms.

8. PHOTO AND VIDEO PREFERENCE

Optional and separate from participation

- [ ] YES - NIFA may use photos/video of me for academy communications and promotion.
- [ ] NO - Do not use identifiable photos/video of me for promotional purposes.

9. CONFIRMATION AND SIGNATURE

By signing, I confirm that I have read and understood this registration form and that the information provided is complete and accurate.

Member name (print / type) *

Date *

Member signature *

NIFA staff witness / received by

FOR NIFA USE ONLY

Approved start date

Initial level / group

Payment status / reference

Staff notes