NATURE ISLE FIGHT ACADEMY

YOUTH / JUNIOR REGISTRATION | PARENT / GUARDIAN

A parent or legal guardian must complete and sign this form. Parent / guardian consent and valid identification are required. Payment plans are subject to NIFA terms and approval.

1. YOUNG MEMBER INFORMATION

Child / young person full legal name *

Preferred name

Date of birth (DD/MM/YYYY) *

Age *

School / education setting

Home address / community *

2. PARENT / LEGAL GUARDIAN INFORMATION

Parent / guardian full name *

Relationship to young member *

Mobile / WhatsApp *

Email *

3. EMERGENCY CONTACT AND COLLECTION

Emergency contact (if different from guardian)

Emergency contact phone

Other person(s) authorized to collect the young member

4. TRAINING INTERESTS

Select all that apply

- ☐ Kickboxing
- ☐ MMA Fundamentals
- ☐ BJJ / Grappling Basics
- ☐ Boxing Fundamentals

5. EXPERIENCE, GOALS AND MEMBERSHIP

Previous martial arts / sport experience

What would you like NIFA to help your child develop?

- ☐ Annual prepaid - XCD 1,390
- ☐ Semester payment plan - subject to terms / approval
- ☐ Quarterly payment plan - subject to terms / approval
- ☐ Please contact me about payment options

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YOUTH / JUNIOR REGISTRATION | CONSENT

6. HEALTH, SAFETY AND SUPPORT INFORMATION

NIFA may request medical clearance where appropriate

Injuries, health conditions, allergies, medication, or emergency information

Other information that may help coaches support the young member safely and effectively

7. PARENT / GUARDIAN CONSENT

- [ ] I confirm that I am the parent or legal guardian of the young member named on this form, or that I have legal authority to provide this consent.
- [ ] I understand that martial arts, combat sports, partner drills, grappling and physical conditioning involve inherent risks of injury. I give permission for the young member to participate in age-appropriate NIFA training.
- [ ] I understand that controlled contact or sparring, when appropriate, is introduced only under coach supervision and may require coach approval based on age, skill, conduct and safety.
- [ ] I agree that the young member must follow coach instructions, academy rules, equipment requirements and respectful conduct standards. I understand NIFA may pause participation if safety or conduct requires it.
- [ ] I confirm that the health and emergency information provided is accurate to the best of my knowledge and I will notify NIFA of any relevant change.
- [ ] If I cannot be reached promptly, I authorize NIFA staff to provide basic first aid and seek appropriate emergency medical assistance for the young member.
- [ ] I understand that NIFA will release the young member only according to the academy collection procedure and the authorized collection information provided.

8. PHOTO AND VIDEO PREFERENCE FOR YOUNG MEMBER

Optional and separate from participation

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

9. GUARDIAN IDENTIFICATION AND SIGNATURE

Parent / guardian ID presented to NIFA *

- [ ] National ID
- [ ] Passport
- [ ] Driver's licence
- [ ] Other

Parent / guardian name (print / type) *

Date *

Parent / guardian signature *

Young member signature / assent (optional)

FOR NIFA USE ONLY

ID checked by

Approved start date

Initial level / group

Payment status / reference

Staff notes