



22269 Eureka Rd
Taylor, MI 48180
Telephone: 313-221-9777
Website: www.rccmichigan.com

Challenge Form

Full Name: _____

Date of Birth: _____

Phone (Cell/Mobile): _____

Email: _____

Age: _____

Challenge

Challenge you wish to register for:

Start Date:

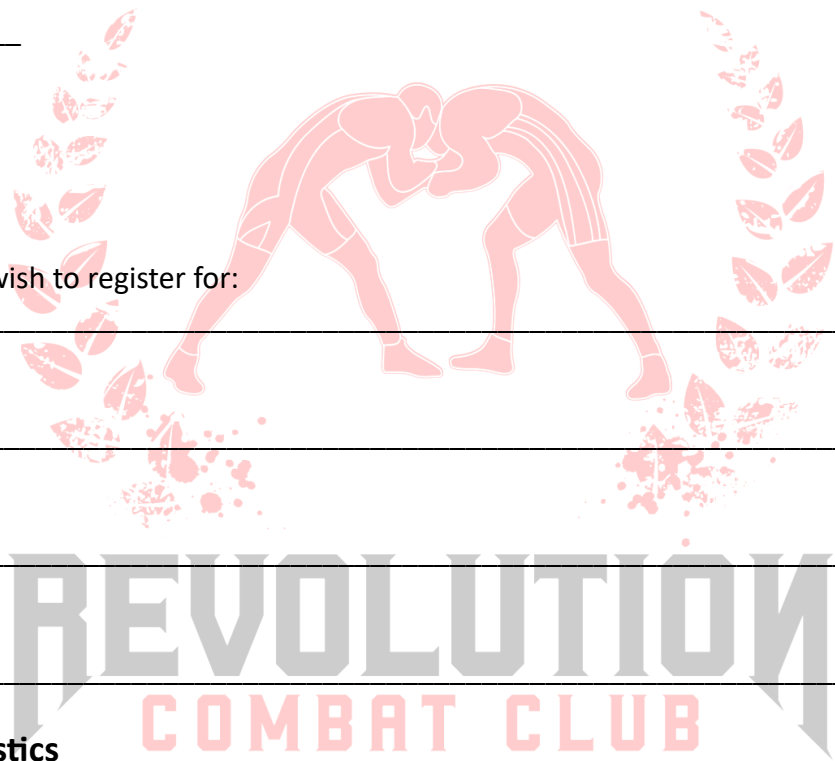
End Date:

Duration:

Current Statistics

Body Mass (lbs):

Height (feet, inches):





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Goals

Goal Weight:

What do you hope to achieve in/learn from this challenge:

Consent

By my electronic signature below, I take full responsibility for my voluntary participation in the challenge being offered by Revolution Combat Club. I agree to work at my own capacity in the challenge. I release the instructor and Revolution Combat Club from liability resulting from any injury or discomfort from my participation.

Signature (participant): _____

If required:

Signature (parent/ legal guardian): _____

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COMBAT CLUB