





Member Registration Form

First Name:	Middle Name:
Last Name:	Date of Birth:
Phone (Cell/Mobile):	Email:
Age:	
Mailing Address/City/State/Zip Code:	
Emergency Contact Details	
Emergency Contact Name 1: Emergency Contact 1 Telephone: Relationship:	
Emergency Contact Name 1: Emergency Contact 1 Telephone: Relationship:	HTION
COMBAT	CLUB
Where did you hear about Revolution Combat Club	9?
Signature:	
If Applicable Signature (parent/legal guardian):	