



Shield of Faith

Family Student Information form

As part of the training from we receive from Shield of Faith, we agree to following:

- Follow instructions provided by the instructor
- Only use my training to defend myself or someone else
- Tell my instructor if I am hurt before or during training
- Not to train / teach others without prior permission

_____ (Student Name) _____ (Date of birth)
_____ (Student Name) _____ (Date of birth)
_____ (Student Name) _____ (Date of birth)
_____ (Student Name) _____ (Date of birth)

Contact Information

_____ (Address) _____ (Phone)⁺
+ optional
_____ (email)⁺
+ optional

In case of emergency during class (please list any that may apply):

_____ Phone _____
(Name & Relationship)
_____ Phone _____
(Name & Relationship)
_____ Phone _____
(Name & Relationship)

Please note any special concerns and/or health issues that may hinder learning. Our program is intended to build confidence and not uphold a standard that is unattainable due to personal limitations.

