



PITT TRAINING SOLUTIONS APPLICATION FORM

(Print clearly and answer all questions truthfully. Incomplete forms will be rejected.)

PERSONAL INFORMATION

Full Name: _____

Date of Birth: ____ / ____ / ____

Phone Number: (____) ____ - ____

Email Address: _____

Emergency Contact Name & Number: _____

Occupation: _____

BACKGROUND & FITNESS

Do you have any previous martial arts, self-defense, or combat training?

- ☐ Yes (List styles & experience: _____)
☐ No

How would you rate your current fitness level? (This WILL be tested, be honest)

- ☐ Excellent
☐ Good
☐ Average
☐ Poor

Do you have any injuries, medical conditions, or physical limitations we should be aware of?

- ☐ No
☐ Yes (Explain: _____)

MINDSET & COMMITMENT

Why do you want to train in the PITT Fighting Method?

How do you handle adversity and discomfort?

Have you ever quit something because it got too hard? If so, explain.

Are you willing to commit to at least 6-8 weeks of intense probationary training?

- ☐ Yes
☐ No

AGREEMENTS & WAIVERS

- ☐ I understand that training in PITT is physically and mentally demanding. I accept full responsibility for my participation.
☐ I acknowledge that failure to meet training standards or expectations may result in dismissal.
☐ I agree to follow all hygiene, discipline, and attendance requirements.
☐ I waive all liability and understand that injuries may occur in training.

Signature: _____ Date: ____ / ____ / ____