

CHILD PERSONAL ANALYSIS

Date: _____

Student's Name: _____ Age: _____ Birth Date: _____

Student's Name: _____ Age: _____ Birth Date: _____

Parents' Names: Mom: _____ Dad: _____

Mom's Cell: _____ Dad's Cell: _____

Email Address: _____

Street Address: _____ City _____ State _____ Zip _____

In consideration for my attendance and participation in the martial arts training offered by this academy, I, the student/parent acknowledge the existence of certain inherent risk in this type of training and hereby agree to assume all risks. I further relieve the school, its management, assigned staff and fellow students from any liability resulting from loss, whether personal belongings or bodily injury. I also hereby state that myself or my child is physically fit to take the prescribed course of instruction and do so of my own free will in exchange for an agreed upon fee. I understand that there is no refund policy on any monies I will pay this martial arts academy.

Signature _____

Date _____

What specifically would you like your child to accomplish in our martial arts program?

School: _____ Grade: _____ Teacher: _____

Type of Student Honor Average Needs a Little Help

What other Activities/Sports _____

Does your child have any medical concerns we should be aware of? _____

Please label each column in order of importance for your child (from #1 to #4)

Self-Confidence

Self Esteem

Assertiveness

Pride

Physical Fitness

Weight Control

Strength & Flexibility

Coordination

Self-Discipline

Concentration

Self-Control

Integrity

Self-Defense

Safety

Confidence

Awareness
