

ADULT PERSONAL ANALYSIS

Date	Sponsor's Name		
Student's Name	Age	Birth Date	
Student's Name	Age	Birth Date	
Contact Person	Phone		
Address	Email		
City	VA	Zip	
Home phone	Office		
<p><i>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, it's 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 s 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 and any monies I will pay this martial arts academy.</i></p>			
Signature		Date	

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

Employer _____ Position _____ Phone _____

Spouse _____ Will spouse be participating? _____

Fitness Level: Excellent Good Fair Poor Activities: _____

Any medical concerns we should be aware of? _____

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

<u>Health</u>	<u>Appearance</u>	<u>Performance</u>	<u>Self-Defense</u>
Physical Fitness	Weight Control	Endurance	Safety
Stress Reduction	Muscle Tone	Flexibility	Confidence
Relaxation	Posture	Mental Focus	Awareness
# _____	# _____	# _____	# _____

Basics Member LIST

Bow before stepping on to the matt.

Ask permission to step on matt.

Class times & Arrival.

Uniform

Save up to \$245

VIP passes when they sign up.

Name and #

Name and #

Citizenship Chore sheet.

Birthday Parties

Family class

Email

Welcome to our martial arts program