

Future Student Personal Analysis



Date ____/____/____

How did you hear about our studio? _____

Students Name _____ Age ____ DOB ____/____/____

Students Name _____ Age ____ DOB ____/____/____

Parents Name _____ Age ____ DOB ____/____/____

Parents Name _____ Age ____ DOB ____/____/____

Home Address _____

City, State, Zip _____

Home Phone () _____ - _____ Work / Cell Phone () _____ - _____

Email Address _____

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

Signature _____ Date ____/____/____

Someone who might like to train with you: _____ Phone # _____

Previous Martial Arts Training Yes No Style _____ How Long _____ Rank _____

This section is for Staff Use Only

Areas of Importance

Discipline	Confidence	Self Defense	Fitness/Health
Concentration	Self Esteem	Safety	Weight Control
Self Control	Assertiveness	Confidence	Strength and Flexibility
Integrity	Pride	Awareness	Coordination
# _____	# _____	# _____	# _____

Will you be living in the area for the next year or so? Y / N Where might you move to? _____

Will Your Spouse be joining you/ your child in class? Y / N Spouses name (if not already given) _____
Spouses support? Y / N

School _____ Grade ____ Teacher _____

Honor _____ Average _____ Needs extra Help _____

Other Activities? _____

Start Date: _____ Intro Type: VIP Other/Amount: \$ _____ Uniform Size: 000 00 0 1 2 3 4 5 6 7

Notes: _____
