



STUDENT INFORMATION

OFFICE USE
Appointment Info
_____ @ _____

Date: _____ Sponsor's Name: _____

Student's Name: _____ Age: _____ Birthdate: ___/___/___

Additional Student's Name: _____ Age: _____ Birthdate: ___/___/___

Additional Student's Name: _____ Age: _____ Birthdate: ___/___/___

Parent's Name (if under 18): _____ Additional Parent: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: ___-___-___ Work Phone: ___-___-___ Cell Phone: ___-___-___

Employer: _____

Have you trained in the martial arts before? Yes _____ No _____ If yes, how long? _____

How long have you been interested in the martial arts? _____

Would you like to earn your black belt? _____

Current athletic activities and hobbies: _____

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

- Self defense _____
- Conditioning _____
- Weight control _____
- Coordination _____
- Self discipline _____
- Self confidence _____
- Self esteem _____
- Recreation _____
- Other _____

Do you have any medical problems of which we should be aware? Yes _____ No _____

If yes, please list: _____

List any medications: _____

Before starting any exercise program, consult your doctor.

In consideration of my attendance and participation in the martial arts training offered by ATA Black Belt Academy, 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 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 I that I am 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 there is no refund policy on any monies I will pay ATA Black Belt Academy.

Student: _____ Date: ___/___/___ Parent/Guardian: _____

OFFICE USE ONLY

Enrollment Special: _____ weeks of training @ _____ classes per week for \$ _____.

(FREE WORKOUT PASS) (VIP REFERRAL PASS)

Uniform Size 000 - 00 - 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 Start Date ___/___/___ End Date ___/___/___

1st Class _____ 2nd Class _____ 3rd Class _____ Renewal Conference _____