

FUTURE STUDENT PERSONAL ANALYSIS

GENERAL INFORMATION

DATE: _____ SPONSOR'S NAME: _____

STUDENT'S NAME _____ AGE: _____ DOB: _____

STUDENT'S NAME _____ AGE: _____ DOB: _____

ADDRESS: _____

ZIP: _____ E-MAIL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

PREVIOUS MARTIAL ART TRAINING _____ STYLE: _____ YEAR(S): _____

RANK ACHIEVED: _____ HOW DID YOU HEAR ABOUT US: _____

In consideration for my attendance and participation in the martial arts training offered by Black Belt Academies, I, the student/parent, acknowledge the existence of certain inherent risks in this kind 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 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 there is a no refund policy on any monies I will pay Black Belt Academies.

SIGNATURE _____

DATE _____

Adult

WHAT SPECIFICALLY WOULD YOU LIKE YOU LIKE TO ACCOMPLISH IN OUR MARTIAL ARTS PROGRAM? _____

EMPLOYER: _____ POSITION: _____

FITNESS LEVEL EXCELLENT GOOD FAIR POOR

ANY OTHER ACTIVITIES/SPORTS: _____

PLEASE LIST ANY MEDICAL CONCERNS THAT WE SHOULD KNOW ABOUT:

PLEASE LABEL EACH COLUMN IN ORDER OF IMPORTANCE TO YOU (FROM 1 - 4)

HEALTH	APPEARANCE	PERFORMANCE	SELF-DEFENSE
-PHYSICAL FITNESS	-WEIGHT CONTROL	-ENDURANCE	-SAFETY
-STRESS REDUCTION	-MUSCLE TONE	-FLEXIBILITY	-CONFIDENCE
-RELAXATION	-POSTURE	-MENTAL FOCUS	-AWARENESS
# _____	# _____	# _____	# _____

