

FUTURE STUDENT PERSONAL ANALYSIS

GENERAL INFORMATION

DATE: _____ SPONSOR'S NAME: _____

STUDENT'S NAME _____ AGE: _____ DOB: _____

STUDENT'S NAME _____ AGE: _____ DOB: _____

PARENTS: MOM _____ DAD _____

EMPLOYER: MOM _____ DAD _____

OCCUPATION: MOM _____ OCCUPATION DAD: _____

ADDRESS: _____ EMAIL _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ OFFICE: MOM _____ DAD _____

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 a 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 to Black Belt Academies.

SIGNATURE _____ DATE _____

CHILDREN

WHAT SPECIFICALLY WOULD YOU LIKE TO ACCOMPLISH IN OUR MARTIAL ART PROGRAM

*PLEASE CIRCLE

DISCIPLINE _____ SELF-DEFENSE _____

SELF-ESTEEM _____ PHYSICAL FITNESS _____

COURTESY _____ BETTER GRADES _____

RESPECT _____ OTHERS _____

SCHOOL: _____ GRADE: _____ TEACHER: _____

WHAT OTHER SPORTS/ACTIVITIES? _____

HOW DID YOU HEAR ABOUT OUR SCHOOL? _____

WILL YOU BE LIVING IN THE AREA FOR THE YEAR OR SO? YES / NO

WILL YOUR SPOUSE BE JOINING YOU/YOUR CHILD IN CLASS? YES / NO

SPOUSES NAME (IF NOT ALREADY GIVEN) _____ SPOUSE SUPPORT? YES / NO

IF I CAN SHOW YOU HOW WE WILL DRAMATICALLY IMPROVE HIS/HER _____ WILL YOU ENROLL TODAY?



**School of Life
School of Leaders**