



Office use only:	Begins: / /
	Two weeks: / /
Uniform size:	Ends: / /

Student Information

Date _____

Name _____ Age _____ Date of Birth _____

Parents Name (if less than 18 years old) _____

Address _____ Email _____

City _____ State _____ Zip _____

Phone: Home () _____ Cell () _____ Work () _____ 2nd cell () _____

Have you ever studied taekwondo or any other martial arts before? Yes No

If yes, which kind, when and where?

In what other sports do you participate?

What are the main reasons you want to take martial arts lessons? (Please check all that apply)

Self control Self confidence Structure Self discipline Behavior Modification

Self defense Self esteem Recreation Coordination Life skills

Please mark the following sources where you have heard about our academy

Yellow Pages Business Card Passing By Friend (Who _____)

Do you have any medical problems that the instructor should be aware of? Yes No

If yes, please describe _____

Are you currently taking any medication? Yes No Please list _____

Before beginning any exercise program you should consult your doctor!

In consideration of my attendance and participation in martial arts or any physical activity offered by Prejean's ATA Martial Arts, I, the student/guardian 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 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 pay. I also give Prejean's Martial Arts the right to post pictures on their school website.

Signature: _____ Date _____ Guardian _____

Thank you! We'll take it from here.