

Choi's Martial Arts

Today's Date ____/____/____

Name: _____ Age: ____ M/F Date of Birth _____

Home Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Occupation: _____

Home Phone : _____ Cell Phone: _____

E-mail address: _____

Please list your current fitness activities: _____

How did you find out about our school? _____

Have you ever done martial arts before? _____

If yes, please describe: When _____ Where _____ How Long _____

If no, how long have you been interested in studying martial arts? _____

Why are you looking into it now? _____

*Do you have any medical issues that might affect your ability to participate in martial arts? Please explain: _____

_____ **Which of the following benefits are you interested in gaining?**

(Circle your primary interest)

_____ **Get In Better Shape** _____ **Release Stress** _____ **Improve Focus**

_____ **Learn Self Defense** _____ **Gain Confidence** _____ **New Activity**

I, for myself and my heirs, waive and release all rights and claims I may have against Choi's Martial Arts and it's principals and/ or representatives, whatsoever, in any manner, as a result of my participation in said martial arts instruction. I attest that I am physically and mentally fit.

Signature of Participant: _____ Date: _____

For Instructor's Use Only

First Trial Lesson	
Second Trial Lesson	