

# Choi's Martial Arts

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ M/F Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade(s) \_\_\_\_\_

Please list your child's current activities: \_\_\_\_\_

Have they ever done martial arts before? \_\_\_\_\_

**If yes**, please describe: When \_\_\_\_\_ Where \_\_\_\_\_ How Long \_\_\_\_\_

**If no**, How long have they been interested in studying martial arts? \_\_\_\_\_

Why are you looking into it now? \_\_\_\_\_

\*Does your child have any medical issues that might affect their ability to participate in martial arts? Please explain:  
\_\_\_\_\_

How did you find out about our school?  
\_\_\_\_\_

**Which of the following benefits are you interested in for your child?  
(Circle the primary one)**

\_\_\_\_ Better Listening Skills    \_\_\_\_ Increased Confidence    \_\_\_\_ Better Fitness  
\_\_\_\_ Improved Behavior    \_\_\_\_ Fun Activity    \_\_\_\_ Learning Self Defense

## Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_