



# NEW STUDENT APPLICATION:CHILD

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_

2nd Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Mom's Office: \_\_\_\_\_ Dad's Office: \_\_\_\_\_

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

How did you hear about Premier Martial Arts? \_\_\_\_\_

Does your child have any medical concerns that we should be aware of? \_\_\_\_\_

*In consideration for my attendance and participation in the martial arts training offered by Premier Martial Arts , I, the parent, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assure 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 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 Premier Martial Arts .*

Signature \_\_\_\_\_ Date \_\_\_\_\_

	Needs a Little Help	AVERAGE	HIGH
School Grades			
School Conduct			
Home Conduct			
Self-Discipline			
Confidence			
Fitness			

*For Official Use only*

1st Intro Date: \_\_\_\_\_ 1st Call Date: \_\_\_\_\_ 1st Letter Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Instructor: \_\_\_\_\_ Prog.Dir.: \_\_\_\_\_ ASF: \_\_\_\_\_ Uniform Size: \_\_\_\_\_