

For academy use only:

- GOOGL
- ATTNDC
- CC



Please check one:

- Try out
- Returning Student
- Visitor

NEW STUDENT REGISTRATION FORM

This form must be entirely filled out, or it will be returned to you for completion. If a question(s) does not apply, please print N/A in the space provided. Please keep us informed of any changes.

Thank you!

START DATE: ____/____/____ LOCATION: _____ REG _____

NAME: _____

ADDRESS _____ APT# _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE:

(_____) _____ PG/CELL: (_____) _____

EMAIL: _____

OCCUPATION: _____ COMPANY NAME: _____

ADDRESS: _____ SUITE#: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WORK PHONE: (_____) _____ WORK FAX: _____

BIRTHDATE: ____/____/____ WEIGHT: _____ HEIGHT: _____

EMERGENCY CONTACT: _____ -PHONE: (_____) _____

RELATIONSHIP: _____

PARENT/GUARDIAN IF UNDER 18: _____ PHONE: (_____) _____

DO YOU: SMOKE: _____ DRINK: _____

MARTIAL ARTS BACKGROUND _____ HOW LONG: _____

BELT: _____ HAVE YOU TAUGHT: _____

ARE YOU CURRENTLY TEACHING?: _____ ARE YOU PROFESSIONAL FIGHTER: _____

HOW DID YOU HEAR OF THE ACADEMY?: _____

PLEASE SIGN THE WAIVER ON THE BACK OF THIS FORM!

