

Adult Future Student Personal Analysis

Date ____/____/____ Sponsor Name _____
(if one of our staff/students has referred you, please name here)

Student Name _____ Age _____ Birth ____/____/____ Sex M / F

Address _____

City, State, Zip _____ Home Phone _____

Work/Mobile Phone(s) _____

Email(s) _____

Other Contact _____

What specifically would you like to accomplish in our martial arts program?

Please CHECK all of the benefits in which you are most interested, THEN label each column in order of importance, from 1-4.

- | HEALTH | APPEARANCE | PERFORMANCE | SELF-DEFENSE |
|---|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Physical Fitness | <input type="checkbox"/> Weight Control | <input type="checkbox"/> Stamina | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Stress Reduction | <input type="checkbox"/> Muscle tone | <input type="checkbox"/> Flexibility | <input type="checkbox"/> Confidence |
| <input type="checkbox"/> Relaxation | <input type="checkbox"/> Posture | <input type="checkbox"/> Mental Focus | <input type="checkbox"/> Awareness |

Order of Importance:

I hereby apply for instruction at LifeForce Karate & Fitness (studio) and upon acceptance agree to abide by all rules and regulations governing safety and instruction. I acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve the studio, its management, assigned staff, and fellow students from any liability resulting from personal injury or loss of belongings. I also hereby state that the student named above is physically and mentally fit to take the prescribed course of instruction and does so of his/her own free will for an agreed upon fee. I understand there is a no refund policy, except for specific circumstances listed in the Membership Agreement, on monies I will pay to the studio.

Signature _____ Date ____/____/____

THIS SECTION FOR STAFF USE ONLY

Employer & Position _____

Spouse _____ Will spouse be participating? _____

Fitness level: Excellent _____ Good _____ Fair _____ Poor _____

Previous Experience/Other activities _____

Medical concerns _____
