



Warrior's Edge Martial Arts

Live According To The Natural Laws of The Universe

Last Name
First Name
ID#

In order to determine if the instruction at the Academy can adequately meet and serve your needs, please complete the following questionnaire. Be as specific as possible and please answer all questions. Parents – please fill in all questions for your child. The word “you” throughout the questionnaire means “the student”.

STUDENT INFORMATION

Date: ___/___/___

How did you find out about Warrior's Edge Martial Arts? (Please circle one below.)

Walk In Phonebook Web Page Cable Newspaper Door Hanger Mailer Referral ___ Other ___

Name _____ Age _____ Grade _____ Birthday ___/___/___

Address _____ City _____ Zip _____ Email _____

Phones: Home () _____ Work () _____ (parent if applicable)

Parents Father's Name _____ Mother's Name _____

Address (If different from above) _____

Occupation _____ Place of Employment _____

Single Married Name of Spouse _____

QUALIFYING INFORMATION

Is anyone else responsible for the decision or the tuition for the lessons? Yes _____ No _____

If yes, who? _____

What is your major reason for wanting to train in the martial arts (or for wanting your child to train)?

Please check the learning objectives that apply to you (student) and circle the Two most important benefit (student):

Self-defense _____	Stress Reduction _____	Increased Flexibility _____	Physical Conditioning _____
Confidence _____	Martial Arts Philosophy _____	Better Concentration _____	Meet New Friends _____
Self-Discipline _____	Heightened Awareness _____	Temper Control _____	Respect for Self & Others _____
Weight Control _____	Interest in Asian Culture _____	Increased Energy _____	Law Enforcement/ Security Professional _____

Please see other side.

	Completed:		Uniform: Size	Completed:
Sched. 1 st Intro ___/___/___	Time __:___ AM PM Y N	Resched. ___/___/___	Time __:___ AM PM	Top ___ E.O.C. Y N
Sched. 2 nd Intro ___/___/___	Time __:___ AM PM Y N	Resched. ___/___/___	Time __:___ AM PM	Bottom ___ Intro Paid Y N
Sched. 3 rd Intro ___/___/___	Time __:___ AM PM Y N	Resched. ___/___/___	Time __:___ AM PM	Belt Size ___ Tour Given Y N



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Do you have any prior martial art experience? _____ If so, please explain, _____

Do you participate in any scheduled recreational activities now? _____ If so, what and how often?

Will you be living in the area for the next year? _____

Do you have any physical problems or are you under any medication or treatment? _____

If yes, explain. _____

Do you have a place to practice what you learn in class? _____

We suggest at least 10 – 15 minutes of review each day you do not attend class.

Can you arrange to be here to take two lessons per week to accomplish you goal?

Yes ___ No ___ If no, explain. _____

Are you committed to the goal of learning the martial arts? Yes ___ No ___

Classes are stimulating and you will realize growth, but martial arts mastery requires dedication, persistence, and a commitment to attaining your goal.

Parents:

It is our practice to notify your child's school and teacher that we are involved in your child's ongoing educational process. Please provide the following:

School Name: _____ Principal's Name: _____

Please list any friends that may be interested in self-protection and personal development.

NAME	PHONE	APPROX. AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***CONGRATULATIONS ON YOUR DECISION TO TAKE THE FIRST STEP
TOWARDS BECOMING A BLACK BELT AND BEGINNING YOUR
EDGE FOR SUCCESS!***