



Future Student Personal Analysis

Parents / Guardian Information

Date: _____ How did you hear about us?: _____ Parent 1:(First Name) _____
 _____ Parent 1:(Last Name) _____
 Parent 2:(First Name) _____ Parent 2:(Last Name) _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Office: _____ Cell: _____ (Parent 1) _____ (Parent 1)
 Email: _____

1-Student

Name: _____ Age: _____ Birth Date: _____
 School: _____
 Any medical concerns that we should be aware of?: _____
 1- What would you like to accomplish in our martial arts program? _____
 2- In a scale from 1 to 10, how important is it to accomplish these goals? 1 2 3 4 5 6 7 8 9 10
 3- How long do you think that it will take to accomplish these goals? _____
 4- In a scale from 1 to 10, how committed are you to accomplish them? 1 2 3 4 5 6 7 8 9 10

1-Student

Name: _____ Age: _____ Birth Date: _____
 School: _____
 Any medical concerns that we should be aware of?: _____
 1- What would you like to accomplish in our martial arts program? _____
 2- In a scale from 1 to 10, how important is it to accomplish these goals? 1 2 3 4 5 6 7 8 9 10
 3- How long do you think that it will take to accomplish these goals? _____
 4- In a scale from 1 to 10, how committed are you to accomplish them? 1 2 3 4 5 6 7 8 9 10

- 1- Like I mentioned on the phone earlier - we have discounts for getting students started after their FREE class that saves you money on the registration and gives you a FREE Uniform; it is redeemable today only. Assuming you're the person in charge of making financial decisions, will you be able to take advantage of today's special? YES NO
- 2- If I can show you how we can drastically improve students Discipline, Confidence, would you be willing to enroll today? YES NO

Signature: _____ Date: _____



I truthfully acknowledge that in consideration for my attendance and participation in this academy's martial arts training, I, the student and/or parent, acknowledge the certain inherent risks in this type of training. I hereby agree to assume all risks. I further relieve the academy, its management, assigned staff, and fellow students from any liability resulting from personal injury or loss of personal belongings. I also hereby state that the students named above are physically and mentally fit to take the prescribed course of instruction and do so of their own free will for an agreed upon fee.

I agree to the conditions and in understanding accept there is a no refund policy on any monies I will pay to this academy. I here to truthfully agree to take no action which is intended, or would reasonably be expected, to harm the Company or its brand, image or reputation to include their officers, employees reputation or which would reasonably be expected to lead to a negative impact, unwanted or unfavorable publicity to the Company.

I also agree that I will not disparage or defame in a derogatory comment, post, blog, online reviews, post socially or on forums, verbally, video, written and or any other variant about the Company, its officers, management, and/or current or former employees in such manner. I understand that by doing so that I may have temporarily or permanently have caused a negative impact upon the company and agree to pay a minimum sum of three thousand and ve hundred dollars per occurrence or more based on the company's damages.

PHOTO RELEASE FORM.

I hereby grant permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including but not limited to web-based publications and social media without payment or other consideration.

Signature: _____ Date: _____