

GUEST REGISTRATION FORM



STUDENT NAME _____ DOB _____ M/F _____

MOTHER (GUARDIAN) _____ OCCUPATION _____

FATHER (GUARDIAN) _____ OCCUPATION _____

HOME _____ WORK _____ CELL _____

MAY WE COMMUNICATE WITH YOU VIA TEXT MESSAGING? YES NO

ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

1. How did you happen to hear about us

- Internet Newspaper Sign /Drive By Radio/TV Direct Mail Birthday Party
 Promotional Booth Referred by _____ Other _____

2. Do you live in the area? Yes No
Do you work in the area? Yes No
Do you plan on to remain in the area? Yes No

3. Are you or your child in good health with no physical problems? Yes No
If no, please list any medical conditions we should be aware of _____

4. Do you have a place in which you or your child can practice what you learn in class? Yes No

5. Is your schedule such that you can arrange it for you or your child to take lessons twice a week? Yes No

6. Is there anyone that you or your child would like to invite to take lesson with you? Yes No
Name _____ Phone Number _____ Email _____

7. Do you or your child have any previous martial arts experience? Yes No

8. How long have you or your child been interested in taking martial arts? Not too long Couple of Months Over a year

9. Do you feel your significant other would support your decision in getting you or your child enrolled provided our program fits your needs? Yes No

Please check the most important benefits you would like you or your child to receive from the training here at Premier Martial Arts.

BENEFITS Character/Personal Development Self Defense Fitness Focus and Concentration

In consideration for my child's attendance and participation in the martial arts training offered by Premier Martial Arts, I acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. As guardian, I further relieve the school, its management, assigned staff, and fellow students from liability resulting from loss, whether personal belongings or bodily injury. I also hereby state that he/she is physically fit to take the prescribed course of instruction and does so of his/her own free will in exchange for an agreed upon fee. I understand there is no refund policy on any monies I will pay to Premier Martial Arts.

SIGNED BY GUARDIAN OR ADULT STUDENT _____ DATE _____

RELATIONSHIP TO CHILD _____