



NEW STUDENT INFORMATION

DATE: _____

NAME: _____

D.O.B. _____ AGE: _____

NAME: _____

D.O.B. _____ AGE: _____

STREET ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: () _____

E-MAIL: _____

PARENT'S NAME: _____

PARENT'S NAME: _____

EMPLOYER/POSITION: _____

CHECK THE BENEFITS YOU WOULD LIKE TO EXPERIENCE FROM KARATE AT NEW VISIONS DOJO:

- | | |
|--|--|
| <input type="checkbox"/> PHYSICAL CONDITIONING | <input type="checkbox"/> SELF DISCIPLINE |
| <input type="checkbox"/> BETTER CONCENTRATION | <input type="checkbox"/> ATHLETIC SKILL |
| <input type="checkbox"/> SELF CONFIDENCE | <input type="checkbox"/> BETTER MENTAL ATTITUDE |
| <input type="checkbox"/> SENSE OF PEACE | <input type="checkbox"/> TEMPER CONTROL |
| <input type="checkbox"/> SELF DEFENSE | <input type="checkbox"/> BETTER FOCUS AT SCHOOL |
| <input type="checkbox"/> WEIGHT CONTROL | <input type="checkbox"/> RESPECT FOR SELF & OTHERS |
| <input type="checkbox"/> MORE ENERGY | <input type="checkbox"/> _____ |

HOW DID YOU HEAR ABOUT US? _____

WHERE DOES YOUR CHILD ATTEND SCHOOL? _____

GRADES/ACADEMIC FOCUS _____ BEHAVIOR _____

OTHER ACTIVITIES? _____ EXPECTED SEASONAL BREAKS? _____

I, _____ understand that training in Martial Arts requires strenuous physical conditioning. Conditioning activities may include, but are not limited to running, jumping, kicking, punching, and contact sparring. There is a degree of risk in any physical activity. I understand that I am participating in an activity which involves physical contact and injuries may occur which may potentially involve great bodily harm or even death and I do so at my own risk. I waive any claim of cause of action I have against New Visions Dojo, instructors, students, and other Participants.

I further agree to indemnify and hold harmless the instructors and above organizations from any and all causes of action or claims which may arise from other participants. I state that I do not suffer from any physical or mental condition which may affect their participation in martial arts training. I understand any photos taken of classes will be used for promotions and advertising for New Visions Dojo.

Must be signed by parent or legal guardian if under 18.

Signed: _____

Date: _____