

BEST MARTIAL ARTS INSTITUTE

APPLICATION FOR ENTRANCE (Adults)

PLEASE PRINT

Applicant's Full Name _____ Age _____ Date of Birth _____

Address _____ Zip _____ Home Phone # _____

Email _____ Cell Phone # _____

Place of Employment _____ Occupation _____ Work Phone # _____

Spouse/Partner's Name _____ Work Phone # _____

List all allergies or medical problems: _____

List all prescription medication you use: _____

Have you ever been convicted of a felony or any violent crime? _____ If yes, explain: _____

Emergency Contacts: _____ Phone # _____

_____ Phone # _____

How did you learn about Best Martial Arts Institute? (Please check all that apply)

Family/Friend Location Yellow Pages Newspaper Ad Radio Ad TV Ad Demonstration Other _____

List all previous martial arts experience:

From _____ To _____ School Name _____

Style _____ City, State _____

Instructor _____ Rank Received _____

From _____ To _____ School Name _____

Style _____ City, State _____

Instructor _____ Rank Received _____

USE THE BACK FOR ADDITIONAL INFORMATION

ENTRANCE PLEDGE

I hereby submit this application for acceptance as a student at Best Martial Arts Institute. If accepted, I pledge: to abide by the rules of conduct of the Institute; to faithfully train to uphold and preserve the ancient teachings and techniques of the school; and to never behave in a manner which will bring shame or disgrace to the Institute or to the martial arts.

Signature of Applicant _____ Date _____