

BEST MARTIAL ARTS INSTITUTE

APPLICATION FOR ENTRANCE (Children)

PLEASE PRINT

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

Address _____ Zip _____ Home Phone # _____

School Attending _____ Grade _____

List all allergies or medical problems: _____

List all prescription medication applicant uses: _____

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 _____

Parent/Guardian #1 (Person responsible for payments)

Full Name _____ Relation to Applicant _____

Billing Address _____ City _____ Zip _____

Email _____ Home Phone # _____ Cell Phone # _____

Place of Employment _____ Occupation _____ Work Phone # _____

Parent/Guardian #2

Full Name _____ Relation to Applicant _____

Address _____ City _____ Zip _____

Email _____ Home Phone # _____ Cell Phone # _____

Place of Employment _____ Occupation _____ Work Phone # _____

Additional Emergency Contacts: _____ Phone # _____

_____ Phone # _____

List all previous martial arts experience:

From _____ To _____ School Name _____

Style _____ City, State _____

Instructor _____ Rank Received _____

USE THE BACK FOR ADDITIONAL INFORMATION

ENTRANCE PLEDGE

On behalf of my child, I hereby submit this application for acceptance as a student at Best Martial Arts Institute. If my child is accepted, I pledge to support my child in the pursuit of learning the martial arts by relinquishing to the instructors all responsibility of technical aspects and critical analysis of my child's training. In the best interest of my child, I shall take a role of being a supportive parent, encouraging and praising all efforts, regardless of my own expectations or the accomplishments of others.

Signature of Parent/Guardian _____ Date _____