

**BEST MARTIAL ARTS INSTITUTE**  
**APPLICATION FOR ENTRANCE**  
**(Juniors)**

**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**

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 \_\_\_\_\_