



Tiger Martial Arts

Student Evaluation and Application Form

Name: _____ Age & Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Email: _____

We use email to update students on class closures or special events.

Emergency Contact Name/Tel. #: _____

If Minor: Mother's name/Cell #: _____

Father's name/Tel #: _____

If divorced, are there other addresses or emails that you would like information sent to? Are there any special circumstances we should be aware of?

School _____ Grade _____ Teacher's Name: _____

How did you hear about our karate school? _____

If referred by someone please put their name and address so that we may Thank them!

Please answer the following questions that apply to the person enrolling in our school.

Have you ever studied any martial art before? (Circle one) Yes No

If yes where, when, what style and for how long? _____

Do you have any medical or physical conditions that either require special needs or that could affect your studying karate? (Circle one) Yes No

If yes please explain: _____

What do you hope to gain from studying karate? (E.g. self-confidence, fitness, discipline, focus, etc.)

I/We recognize and acknowledge that there is a known risk of injury that may result from participating in the martial arts/karate. I/We agree to willingly assume this risk and further agree that Tiger Martial Arts, Wendi Barker and any other employee, agent, or instructor paid or volunteer will not be held liable for any injury or damage that may occur, unless said injury or damage results from the gross negligence of the owners, operators, or instructors of Tiger Martial Arts or their agents. I/We understand that I/We do not have to participate in any activity or training that I/We do not feel is safe or in my/our best interests.

Student Signature

Date

Parent/Guardian Signature (if student is under 18 yrs. of age)

Date