

MENTAL BENEFITS

- Spirit
- Focus
- Listening
- Alertness
- Discipline
- Character
- Motivation
- Obedience
- Leadership
- Persistence
- Self Control
- Self Esteem
- Goal Setting
- Self Respect
- Concentration
- Determination
- Achieve Goals
- Manage Stress
- Self Confidence
- Respect for Others

HEALTH BENEFITS

- Cardiovascular
- Muscle Endurance
- Muscular Strength
- Body Composition

SKILL BENEFITS

- Agility
- Power
- Speed
- Balance
- Coordination
- Reaction Time

PHYSICAL BENEFITS

- Mobility
- Exercise
- Flexibility
- Relaxation
- Endurance
- Muscle Tone
- Conditioning
- Rapid Reflexes
- Weight Control
- Physical Fitness
- Fun Fun Fun
- Self-Defense Skills

Student's name: _____ D.O.B: _____ M F
 Student's name: _____ D.O.B: _____ M F
 Mother (Guardian): _____ Occupation: _____
 Father (Guardian): _____ Occupation: _____
 Home #: _____ Work #: _____ E-mail: _____
 Address: _____
 City: _____ State: _____ Zip: _____

1. How did you happen to hear about our studio? _____

 2. What motivated you to come in today? _____

 3. Do you have any previous martial arts experience? Yes No
 4. If YES, are you still training? Yes No (If No, why did you stop training?)
 Likes: _____ Dislikes: _____
 Changes: _____
 5. How long have you been interested in taking Martial Arts?
 Not too long Few months Over 1 year
 6. What would be the two most important things you would want to get out of the program?

 7. Please check all the benefits (on the left) you think you or your child could improve upon or benefit from by taking Martial Arts.
 8. Comments: _____

TRIAL COURSE / CLASS WAIVER

Trial Program: **Free Trial class** Staff: _____
 Start: _____ Ends: _____ Cost: **\$0**

Please list any allergic reactions, physical limitations, or any medication being taken, as well as any other mental or physical conditions that our staff should be aware of.

The undersigned understands the risk of studying Martial Arts and hereby release Elite M.A. Center, all instructors and all other students of Elite M.A. Center from any and all liabilities, for any type of injuries or loss sustained while training, studying, practicing or in the application of Martial Arts or Tae Kwon Do. The undersigned also states that he/she is in good physical condition and knows of no reason why he/she can not study and participate in Martial Arts training. The company owning the Center and the agents and employees shall not be responsible for damaged, lost or stolen articles, inside or outside the facility. In the event of an emergency, I hereby authorized and licensed medical personnel to perform any accepted medical procedure deemed necessary and agrees to bear the expense of any such treatment. I HAVE READ AND UNDERSTOOD THE ABOVE AND WOULD LIKE MYSELF OR MY CHILD(REN) TO TRY A LESSON(S) AT ELITE M.A. CENTER.
 Signed: _____ Date: _____

Office Use Only

Notes: _____

