

SHEPHERD-WARRIOR MARTIAL ARTS

NEW STUDENT APPLICATION

Date _____ How did you hear about us? _____

Student Name _____ Sex: F / M Age _____ Birth Date ____/____/____

Student Name _____ Sex: F / M Age _____ Birth Date ____/____/____

Student Name _____ Sex: F / M Age _____ Birth Date ____/____/____

Student Name _____ Sex: F / M Age _____ Birth Date ____/____/____

Parent(s) Name(s) (if under 18) _____

Address _____ E-Mail _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

**If in school:* Honor Student _____ Average Student _____ Needs a little help _____

School _____ Grade _____ Teacher _____

**If Adult:* Employer and Position: _____

Other Activities _____

Medical Concerns _____

What benefits are you hoping to gain from our program? Please label each column in order of importance, from 1 (Most Important) to 5 (Least Important):

| Confidence | Respect | Self-Defense | Physical Fitness | Discipline |
|-------------------------------|-----------------|---------------------|-------------------------|--------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| - Self-esteem | - For Self | - Awareness | - Strength | - Self-Control |
| - Assertiveness | - For Others | - Safety | - Flexibility | - Temper Control |
| - Posture | - For Property | - Confidence | - Coordination | - Attention Span |
| - Pride from Goal Achievement | - For Authority | - Physical Skills | - Cardio Workout | - Ability to Follow Directions |
| | | | - Weight Control | |

I, the undersigned, hereby make the application for enrollment into the Introductory Course at Shepherd-Warrior Martial Arts (SWMA). I further agree that the applicant, be it my child or myself, is in good mental and physical health and is fully capable of participating in Martial Arts. The applicant, and/or the applicant's parent or guardian, further acknowledges that there are risks of injury in participating in Martial Arts and freely assumes such risks and will hold SWMA, its management, staff, and fellow students harmless from any claims for injuries which may occur. Parental attendance is required for minors at classes during the trial period. I acknowledge that SWMA reserves the right to dismiss any student at any time for misconduct or actions that may damage its reputation in the community.

Student/Parent/Guardian Signature _____ Date _____

SWMA Employee Use Only

Program _____ Offer _____ Uniform? Y / N Start Date _____

Internal Event School Talk or Event Outside Event (Demo/Talk) Website Walk-In/Phone

Other, explain _____