New Student Information

Thank you for providing us with the following information.
We look forward to working with you and helping you grow and develop through your martial arts journey.

Full Name:	Age:	Height:
Weight:	Email:	Phone:

What would you like the instructors to know about you? (Please check all that apply)

- Any specific goals or aspirations for martial arts training? ○ **Yes** ○ **No**
  Please specify _____
- Learning style: ○ **Visual** ○ **Auditory** ○ **Kinesthetic**
- Communication style: ○ **Outgoing** ○ **Reserved**
- Previous experience with team sports of activities? ○ **Yes** ○ **No**
  Please specify _____
- Do you have any injuries or medical conditions we need to be aware of? ○ **Yes** ○ **No**
  Please specify _____

What areas would you like to development through your martial arts training?

(Please check all that apply)

○ Confidence/self-esteem	○ Strength
○ Discipline/self-control	○ Self defense techniques
○ Focus/concentration	○ Perseverance
○ Physical fitness	○ Stress relief
○ Flexibility	○ Other _____

Is there anything else you would like to share with us about you?

_____

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