New Student Information

Thank you for providing us with the following information about your child. We look forward to working with them and helping them grow and develop through their martial arts training.

Student Name:	Student's Age:	Student's Weight:
Parent/Guardian Name:	Email:	Student's Grade:
	Contact Number:	Student's School:

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

- Any fears or anxieties? ○ **Yes** ○ **No**
  Please specify _____
- Learning style: ○ **Visual** ○ **Auditory** ○ **Kinesthetic**
- Communication style: ○ **Shy** ○ **Outgoing**
- Previous experience with team sports of activities? ○ **Yes** ○ **No**
  Please specify _____
- Any specific goals or aspirations for martial arts training? ○ **Yes** ○ **No**
  Please specify _____

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

(Please check all that apply)

○ Confidence/self-esteem	○ Respect for self & others
○ Discipline/self-control	○ Bully prevention/self defense techniques
○ Focus/concentration	○ Perseverance
○ Physical fitness	○ Emotional control
○ Flexibility	○ Other _____

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

_____

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