

# Child Future Student Personal Analysis

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sponsor Name \_\_\_\_\_  
*(if one of our staff/students has referred you, please name here)*

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M / F

Parents \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work/Mobile Phone(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

What specifically would you want your child to accomplish in our martial arts program?  
 \_\_\_\_\_  
 \_\_\_\_\_

Please CHECK all of the benefits you are most interested in for you child, THEN label each column in order of importance, from 1-4.

MENTAL ATTITUDES	CHARACTER DEVELOPMENT	PHYSICAL CONDITIONING	SELF-DEFENSE
<input type="checkbox"/> Temper Control	<input type="checkbox"/> Honor	<input type="checkbox"/> Weight Control	<input type="checkbox"/> Safety
<input type="checkbox"/> Discipline	<input type="checkbox"/> Respect (for self and others)	<input type="checkbox"/> Coordination	<input type="checkbox"/> Confidence
<input type="checkbox"/> Confidence	<input type="checkbox"/> Honesty	<input type="checkbox"/> Agility	<input type="checkbox"/> Assertiveness
<input type="checkbox"/> Concentration	<input type="checkbox"/> Courage	<input type="checkbox"/> Flexibility	<input type="checkbox"/> Awareness
<input type="checkbox"/> Stress Outlet	<input type="checkbox"/> Commitment	<input type="checkbox"/> Strength	<input type="checkbox"/> S-D Techniques
<input type="checkbox"/> Better Grades	<input type="checkbox"/> Perseverance	<input type="checkbox"/> Stamina	<input type="checkbox"/> Appropriate Use

Order of Importance:  
 \_\_\_\_\_

I hereby apply for instruction for my child at LifeForce Karate & Fitness (studio) and upon acceptance I, and my child, agree to abide by all rules and regulations governing safety and instruction. I, the parent/legal guardian, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve the studio, its management, assigned staff, and fellow students from any liability resulting from personal injury or loss of belongings. I also hereby state that the student named above is physically and mentally fit to take the prescribed course of instruction and does so of his/her own free will for an agreed upon fee. I understand there is a no refund policy, except for specific circumstances listed in the Membership Agreement, on monies I will pay to the studio.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Parent's Name \_\_\_\_\_

## THIS SECTION FOR STAFF USE ONLY

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Child's current performance in school would be best described as:

A/B Honors \_\_\_\_\_ Average \_\_\_\_\_ Needs a little help \_\_\_\_\_ (Remember, this is performance not potential.)

Previous Experience/Other activities \_\_\_\_\_

Medical concerns \_\_\_\_\_