

AKKA KARATE USA

New Student Application

OFFICE USE ONLY
 PROGRAM: LD3-4 LD5-6 JK AK TC BELT SIZE: _____ ID#: _____
 INTRO: DATE & TIME: _____ INSTRUCTOR: _____ EXTENSION: DATE/TIME: _____
 PAID: YES NO PROMOTION: _____ PHOTO ENTERED

First Name: _____

Middle Name: _____

Last Name: _____ Suffix: _____

Birthday: _____ Gender: Female Male

E-mail: _____

Address: _____

Street: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

I authorize AKKA Karate USA to send text messages to my cell phone in order to convey announcements and information, including emergency notifications. I understand that text messaging rates may apply to any messages received from AKKA Karate USA. I also understand that I or AKKA Karate USA may revoke this permission in writing at any time. I agree not to hold AKKA Karate USA liable for any electronic messaging charges or fees generated by this service. I further agree that in the event my contact/cell phone number changes that I will inform AKKA Karate USA or be liable for any fees or charges incurred.

Cell Phone Carrier: (Verizon, Sprint, T-Mobile, etc.) _____

This permission form will remain in effect for the duration of my attendance at AKKA Karate USA or until revoked in writing by me or AKKA Karate USA.

Signed: _____ Date: _____

I decline to receive text messages at this time.

Privacy Disclaimer: This text message program is provided as a service to students to give important information in a timely manner. Your information will not be sold, distributed, or in any other way shared with entities or affiliates outside of the AKKA Organization.

I am interested in training for:

- Self-Defense Physical Conditioning Sport/Competition Art Form
 Other _____

Are you in good health and have no physical problems? Yes No

Is there any reason you cannot commit to training an average of twice per week? Yes No

Do you have a place to practice at home? Yes No

Are you prepared to enroll today, if you are happy with the program? Yes No

Are you willing to set a goal to develop your mental discipline and physical fitness? Yes No

Have you ever studied any type of martial arts before? Yes No

If YES, which style(s) and for how long? _____

What benefits would you like to achieve from our program(s)? (mark all that apply)

- | | | | |
|--|---|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Self-Defense | <input type="checkbox"/> Self-Discipline | <input type="checkbox"/> Integrity | <input type="checkbox"/> Courtesy |
| <input type="checkbox"/> Self-Confidence | <input type="checkbox"/> Character | <input type="checkbox"/> Courage | <input type="checkbox"/> Honesty |
| <input type="checkbox"/> Honor | <input type="checkbox"/> Physical Fitness | <input type="checkbox"/> Respect | <input type="checkbox"/> Loyalty |
| <input type="checkbox"/> Self-Control | <input type="checkbox"/> Weight Control | <input type="checkbox"/> Other: _____ | |

My failure to attend AKKA Karate USA within thirty days and partake of these services does not relieve my liability for payment thereof.

AKKA Karate USA is not responsible for accidents, injuries or loss of personal property. Student and Co-signer hereby stipulate that Student is physically sound and that Student has medical approval to proceed with normal routine of exercise.

Signed: _____ Date: _____

Signed: _____ Date: _____

Parent or Guardian Signature

Parents & Guardians

Guardian 1

Name: _____

Relationship: Mother Father Other _____

E-mail: _____

Address: Same as other side

Street: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

Employer: _____ Position: _____

Guardian 2

Name: _____

Relationship: Mother Father Other _____

E-mail: _____

Address: Same as other side

Street: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

Employer: _____ Position: _____

Emergency Contacts

Name: _____

Phone: _____

Name: _____

Phone: _____

How did you hear about us?

Walk-In/Signage

Facebook

School Website

Community Outreach

School Event

Groupon

Yellow Pages

Student Referral _____

Web Search

Other _____

OFFICE USE ONLY

NOTES:

MEDICAL INFORMATION:

