Adult Questionnaire and Waiver				
Date:				
Student Name: _			_Age	_Birth/
Address:Email:				
City:		State:		_Zip:
Phone#: H:		w:	Cell:	
Will you be living in the area at least one year?				
Can you afford to budget between \$65-\$115 for classes each month?				
Do you have a place to practice what you learn in class?				
THE UNDERSIGNED CLEARLY UNDERSTANDS AND AGREES TO THE FOLLOWING: I, the undersigned, do hereby voluntarily submit my application for attendance and participation at the Four Dragons Martial Arts Center. I understand that Martial Arts can be a dangerous and hazardous activity and do hereby waive all claims against the Four Dragons Martial Arts Center, it's owners, agents, sponsors, officers, instructors, and members, for all claims for injuries or death that I may sustain or incur while attending or participating in the Four Dragons Martial Arts training program and all other of it's school activities. I fully understand that any medical treatment given to me will be of a first-aid type only, and this school will not consider any applicant, if under doctors care, without a written consent from his or her doctor. I fully understand that any violation of the school's by laws or constitution will result in dismissal. The tuition shall be paid monthly per your enrollment agreement. Signature of Applicant Signature of Parent or Guardian Date				
Signature of App	olicant	Signature of Pare	nt or Guardian	Date
What specifically would you like to accomplish in our martial arts program?				
Employer:		Positior	1:	Military: YN
Spouse Name:		Fitness Level:	Excellent [] Fair [] Poor []
Other ActivitiesMedical Concerns				
Please circle the benefits you would like to see from your training at the school: FLEXIBILITY BETTER MENTAL ATTIDTUDE PHYSICAL CONDITIONING SELF-DEFENSE				
TEMPER CONTROL	STRESS RELEASE	RESPECT FOR SELF	RESPECT FOR OTH	HERS WEIGHT CONTROL
SELF-DISCIPLINI	E MOF	re energy	MORE FOCUS	SELF CONFIDENCE
	COMMON	FAMILY INTEREST	LEADERSHIP	⁹ SKILLS