



Student Application

Date: _____ Date of Birth: _____ Sex: M () F ()
Student's Name: _____ Home Phone: _____
Street Address: _____ City: _____
State: _____ Zip: _____ E-mail: _____

Employment Information

Parent's Name: _____ Work Phone: _____
Employer: _____ Occupation: _____

In order to help us properly serve your needs, please complete the following:

How did you hear about our school? _____

Please check below your areas of interest, or the benefits you are most interested in attaining through training at our school. When finished, please circle the one that is the most important.

- | | |
|--|--|
| <input type="checkbox"/> Self Defense | <input type="checkbox"/> Self Discipline |
| <input type="checkbox"/> Self Confidence | <input type="checkbox"/> Greater Flexibility |
| <input type="checkbox"/> Self Control and/or Patience | <input type="checkbox"/> Increased Energy or Vigor |
| <input type="checkbox"/> Stress Reduction | <input type="checkbox"/> Inner Peace or Tranquility |
| <input type="checkbox"/> Improved Concentration | <input type="checkbox"/> Weight Control |
| <input type="checkbox"/> Aerobic/Fitness Conditioning | <input type="checkbox"/> Developing a Winning Attitude |
| <input type="checkbox"/> Increased Strength and Power | <input type="checkbox"/> Sport Karate Competition |
| <input type="checkbox"/> Improved Coordination & Agility | <input type="checkbox"/> Other _____ |

I represent that I am physically fit to receive and participate in this program and I understand and agree that Ruyter's Academy of Martial Arts will not be held liable for any injuries, damages, etc. not caused by or resulting from the negligence of the owners, operators or persons in charge of such establishment, and likewise assume full responsibility for all my actions in connection with this martial arts program.

Signature: _____ Date: _____
(Parent or guardian if under 18)

Witness: _____ Date: _____