



## NEW STUDENT QUESTIONNAIRE

Your Name: \_\_\_\_\_

Under 16 - Caregiver Name: \_\_\_\_\_

Date: \_\_\_\_\_

Contact email or phone number \_\_\_\_\_

How Did You Hear About Our Academy? \_\_\_\_\_

Are You In Good Health And Have No Physical Problems? Yes  or No

(If No Please Provide Brief Details In The Space Below)

Do you have any criminal convictions? Yes  or No

(If Yes Please Provide Brief Details In The Space Below)

Have You Done Any Previous Martial Arts Training? Yes  or No

(If Yes Please Provide Brief Details of Style, Grade and How Long Ago You Last Trained In The Space Below)

What Are Your Main Reasons For Wanting To Start Martial Arts Classes? (Tick All Relevant Circles)

- To Learn Self Defence
- To Get Fitter
- To Increase Flexibility/Range Of Motion
- To Improve Concentration/Mental Balance
- To Eventually Earn A Black Belt

Other: \_\_\_\_\_

Thank you for filling out this questionnaire. It is intended to help us with your Orientation class as well as assisting you in your initial 3 month period of Membership should you decide to join which we hope you do if you enjoy your Orientation Class!