



<https://healingtip toes.com/>

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Guest Registration Form

Student Name _____

Occupation _____

DOB _____

M/F _____ Mother (occupation) & Father (Occupation) _____

Phone (Home) _____, Cell phone _____

Address _____ City _____ State _____

Zip code _____

Email Address _____

1. How did you happened to hear about us

Website____, Print Ad____, social media_____

Promotional Booth____, Referred by _____

2. Are you or your child in good health with no physical problems?

Yes ____

No ____

3. Do you live in the Austin area?

Yes ___ No ___

4. Is your schedule such that you can arrange it for you or your child to take lessons twice a week?

Yes ___ No ___

5. Do your child have any previous Martial Arts experience?

Yes ___ No ___

6. On a scale of 1-10, 1 being low and 10 being great, please rate you or your child on the following:

Focus/Concentration 1 2 3 4 5 6 7 8 9 10

Confidence/ Self Image 1 2 3 4 5 6 7 8 9 10

Respect to others 1 2 3 4 5 6 7 8 9 10

Fitness Activity 1 2 3 4 5 6 7 8 9 10

Leadership 1 2 3 4 5 6 7 8 9 10

7. Who do you know that you would like to invite to take lessons with you?

Name _____ Phone _____

Email _____

In consideration for my or my child's attendance and participation in the martial arts training offered by Healing Tiptoes - Ayumi's Oasis Self Defense & Mixed Martial Arts, I acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve Healing Tiptoes, its management assigned staff and fellow students from liability resulting from loss, whether personal belongings or body injury. I also hereby state that I or my child is physically fit to take the prescribed course of instruction and does so of my own free will in exchange for an agreed upon fee. I understand there is no refund policy on any monies I will pay to Healing Tiptoes - Ayumi's Self Defense & Mixed Martial Arts.

Signed by guardian or adult student _____

Date _____ Relationship to child _____