

KINDRED - FIST
Traditional Martial Art Association

Student Registration



Student Name:

First _____ Last _____

Date Of Birth:

_____/_____/_____

Address:

Street Address _____

Street Address Line 2 _____

City _____ State _____ Zip _____

Email / Phone:

_____/_____

Parent or Legal Guardian:

First _____ Last _____

Have You Trained in Martial Arts Before? Yes ____ No ____

Your Interest:

Dragon Kung Fu ____ Tai Chi ____ Qi Gung ____ Private ____ Self Defence ____

Do you have any medical history or conditions that could affect your ability to participate in any form of physical activity? Please explain.

How did you hear about us?

Friend or Family ____ Online Search ____ Website ____ Flyer ____ Other ____

Print _____ Sign _____

Join Our Student Online Group at www.lintonalfred.com