

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