



REGISTRATION

LEGENDARY MARTIAL ARTS ACADEMY
568.932.8685
www.legendarymaa.com

General Information

Date: _____ Parent/Guardian: _____

Student Name: _____ Age: _____ D.O.B: _____

Address: _____ City: _____ Zip: _____

Email: _____

Cell: _____ Home: _____

Have you ever trained in Martial Arts before: ___yes ___no

In consideration of my attendance and participation in martial arts offered by Legendary Martial Arts Academy LLC. I, the student/parent acknowledge the existence in certain inherent risks in this type of training and hereby assume all risks. I further relieve the school, its management, assigned staff and fellow students from any liability, whether personal lost or bodily injury. I also hereby state that myself or my child is physically fit to take the prescribed course of instruction and so of my own free will.

Signature: _____ Date: _____

Child Information

What specifically would you like your child to accomplish in our martial arts program?

School: _____ Grade: _____

Type of student: ___Honor ___Average ___Needs a little help

Other activities/sports: _____

Does your child have any medical concerns that we should be aware of? _____

How did you hear about our school? _____

Please label each column in order of importance for your child(#1-4).

<u> </u> Self Confidence	<u> </u> Physical Fitness	<u> </u> Self Discipline	<u> </u> Self Defense
Self Esteem	Weight Control	Concentration	Safety
Assertiveness	Strength & Flexibility	Self Control	Confidence
Pride	Coordination	Integrity	Awareness