

DRAGON GYM: NEW STUDENT Information Form

(Please Print Clearly)

*Parents' Names: _____

*Child(ren)'s Names: _____

*Age Group(s) EARLY (3-4) BASIC (5-6) CORE (7-9) EXTREME (10-14) Teen (15-17) Adult (18+)

*What **program(s)** are you interested in? Kids Martial Arts Taekwondo Muay Thai Kickboxing
 Brazilian Jiu Jitsu Kettlebells Yoga

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Home/Cell Phone: _____ Work/Other Phone: _____

*Email Address: _____

*Are you moving any time soon? Yes / No Occupation: _____

*Have you, or a family member, ever taken Martial Arts or Kettlebell Training Lessons before? Yes / No

Where: _____ Instructor: _____ What Style: _____ How Long: _____

****How did you hear about Dragon Gym Martial Arts & Fitness? (Please circle)**

- A. From someone already involved with Dragon Gym or Martial Arts
- B. From a teacher or educator
- C. From a doctor or healthcare provider
- D. Other: Google – Facebook – Post Card – Flyer – Coupon

***Who should we thank for referring you? _____

Personal Development and Assessment Section Select the THREE Most Important To You and Your Family:

- Better Grades Self-Defense Sense of Community Better Health/Fitness Time with Family Mindset
- Strength Weight Control Inner Peace More Energy Learn New Things Fun Stress Relief Self Discipline
- Motivation Self Confidence Making Friends Focus / Concentration Relaxation Muscle Tone Flexibility

Medical Concerns/Implications: _____

All Information is kept confidential by Dragon Gym and its Employees

I hereby unconditionally release Dragon Gym, Dragon Gym Legacy Inc, its representatives, servants and/or employees from any and all liability for any claims, demands, injuries, damages, actions, or causes of action whatsoever, which are or may be sustained by, to or for myself, family members or my property arising out of control of or connected with the use of any services or facilities of Dragon Gym or Dragon Gym Legacy Inc. I am in good health and/or have had medical approval to engage in any martial arts or fitness training programs. I assume all risks that are a part of and incidental to the Dragon Gym Programs and I have read, understand and will comply with the all the rules and regulations of the Dragon Gym.

Signature of Applicant/Parent/Guardian

Date

(Please continue questionnaire on next page)

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Current Health and Activity Questionnaire:

1. How many hours per week does your family spend on health and wellness?
2. Is that time spent together? Yes / No
3. What type/kind of exercise or activity?
4. Tell us a little bit about your family and the goals you hope to achieve from Dragon Gym.
5. Why are these goals important to you?
6. Have you tried to achieve these goals in the past? Why do you think you were not 100% successful?
7. How committed are you, now, to helping your family achieve these goals on a scale from 1-10?
8. Tell us a little bit about your family's nutrition habits
9. Imagine three years from today, and you were looking back over those three years, what has to have happened in your family's life, both mentally and physically, for you to feel happy with your progress at Dragon Gym?

Orientation Date: _____ Instructor: _____ Quick Start: _____
Instructor Recommendations: <input type="checkbox"/> Kids Martial Arts <input type="checkbox"/> Taekwondo <input type="checkbox"/> Muay Thai Kickboxing <input type="checkbox"/> Brazilian Jiu Jitsu <input type="checkbox"/> Kettlebells <input type="checkbox"/> Yoga
Quick Start Introductory Course: START – Date: _____ Time: _____ END – Date: _____ Time: _____