

Moncreaff's Martial Arts, Yoga and Fitness

PERSONAL HISTORY AND GOALS

Student's Name _____ Age: _____ Birth Date __/__/__

Male Female

Address: _____ City: _____

State: _____ Zip: _____

E-Mail: _____

Telephone: (Home) _____ (Work) _____

(Cell) _____

(If under the age of 18) Parent's Names: _____

Is there anyone else responsible for paying for your lessons? Yes No

If yes, who? _____

How did you hear about us?

Internet Television Radio Newspaper Demonstration Brochure
Lead-Box Yellow Pages Direct Mail Studio Sign Friend Student
Tournament Other _____

Goals: What are you hoping to accomplish?

Self-defense Self-confidence Self-discipline Self-improvement
Self-esteem Self-motivation Stress-reduction Weight Loss
Exercise Coordination Philosophy Socialize Competition/Performing
Flexibility Strength Stamina Increased Range of Motion
To become an instructor Recommended by your doctor
Other _____

MEDICAL HISTORY

Do you have: High Blood Pressure? Yes No Low Blood Pressure? Yes No

Do you smoke? Yes No If yes, how much? _____

Are you on a special diet? Yes No If yes, what for? _____

Do you take medication? Yes No If yes, what for? _____

How is your general health? Excellent Good Fair Poor

WAIVER OF INJURY

The undersigned certifies that all questions were answered truthfully and completely to the best of his/her ability and do hereby voluntarily submit this application for attendance and participation at Moncreaff's Martial Arts, Yoga and Fitness. The member further testifies that he/she has no physical, mental, or emotional illness that could impair training or cause his/her training to be injurious. While every effort will be made on our part to make the classes and facilities as safe as possible, he/she must realize that any physical activity has the potential for injury and that he/she waive any claim of accidental and/or negligent tort damage against us and/or principals, officers, or instructors resulting from the activity. He/she, parents, or guardian hereby acknowledge an assumption of risk by accepting and agreeing to allow the undersigned to participate in Moncreaff's Martial Arts, Yoga and Fitness activities.

It is fully understood that any medical treatment given him/her will be of first aid type only.

IF UNDER AGE 18, THIS RELEASE AND CONSENT IS TO ALSO BE SIGNED BY PARENT OR GUARDIAN.

Date: _____

Student

Parent or Guardian (if under 18)