

# American Karate System

## STUDENT APPLICATION

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
EMPLOYED BY: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
WHO ARE THESE LESSONS FOR: \_\_\_\_\_ AGE: \_\_\_\_\_  
RELATION TO YOU: \_\_\_\_\_  
HOW DID YOU HEAR ABOUT THIS SCHOOL? \_\_\_\_\_

### PREVIOUS EXPERIENCE:

HAVE YOU TRAINED IN THE MARTIAL ARTS BEFORE? \_\_\_\_\_  
IF YES, WHERE? \_\_\_\_\_ FOR HOW LONG? \_\_\_\_\_ RANK? \_\_\_\_\_  
ANY OTHER SPORTS? \_\_\_\_\_  
HAVE YOU DONE FITNESS KICKBOXING BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_  
FOR HOW LONG? \_\_\_\_\_

### YOUR GOALS:

WHAT DO YOU WANT TO ACCOMPLISH FROM YOUR TRAINING HERE?

CHECK ALL THAT APPLY:

FITNESS  WEIGHT LOSS  MUSCULAR STRENGTH  
 CARDIOVASCULAR  
 INCREASED FLEXIBILITY  STRESS RELIEF  
 SELF-DISCIPLINE  SELF-CONFIDENCE  SELF-DEFENSE

ANY OTHERS? \_\_\_\_\_

IF YOU ARE ACCEPTED AS A STUDENT, HOW LONG ARE YOU WILLING TO  
WORK TO ACCOMPLISH YOUR GOALS? \_\_\_\_\_

ANY QUESTIONS ABOUT TRAINING? \_\_\_\_\_

ANY MEDICAL CONDITIONS THAT WOULD LIMIT YOUR ABILITY TO TRAIN?  
\_\_\_\_\_

ARE YOU CURRENTLY INVOLVED IN THE FITNESS INDUSTRY?  
\_\_\_\_\_

(AS A TEACHER, INSTRUCTOR, OR ADMINISTRATION) \_\_\_\_\_ WHERE? \_\_\_\_\_

NOTES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STARTING: \_\_\_\_\_ AT: \_\_\_\_\_