

# KSMY MARTIAL ARTS

## *Application for Enrollment*

### I. CONTACT INFORMATION

Name of Student \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Work \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
E-mail (Required) \_\_\_\_\_  
Name of Parents/Guardian (if under 18 years of age) \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### II. FEES

I hereby agree to pay KSMY Martial Arts a NON-REFUNDABLE membership fee of \_\_\_\_\_ which will be automatically debited each month from my \_\_\_\_\_  
\_\_\_\_\_ Credit card \_\_\_\_\_ Debit Card

If I chose to discontinue services at KSMY Martial Arts, I will give a 15 day written notice to terminate my automatic payments \_\_\_\_\_ Initial \_\_\_\_\_

### III. RIGHTS AND RESPONSIBILITIES

I hereby apply for enrollment in the KSMY Martial Arts School of traditional martial arts. I understand and agree that I will abide by the rules and regulations of the school and that any serious infraction thereof, as determined solely by Master Instructor My Mora, may result in the termination of my student privileges and/or membership at the KSMY Martial Arts School, with no refund of any fees paid.

I further agree that it is my sole responsibility to attend class sessions regularly and that my failure to attend class will not entitle me to a refund of any fees paid.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian  
(if under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

\*Please provide a valid form of picture ID with submission of application for verification purposes.

**KSMY MARTIAL ARTS SCHOOL**  
3200-A Riverside Boulevard, Sacramento, CA 95818  
916-970-5044

# KSMY MARTIAL ARTS

## *Medical Questionnaire*

1. Please list any medical conditions you currently have (i.e., serious allergic reaction, high blood pressure, hemophilia, anemia, arthritis, etc.)

2. Do you have any physical limitations? (pregnancy, disability, etc.) Y\_\_\_\_ N\_\_\_\_

If yes, please explain: \_\_\_\_\_

3. Do you have any learning disabilities? (autism, ADHD, etc.) Y\_\_\_\_ N\_\_\_\_

If yes, please explain: \_\_\_\_\_

4. Are you currently taking any prescription medications? Y\_\_\_\_ N\_\_\_\_

If yes, please list: \_\_\_\_\_

5. Are you under the supervision of a medical professional? Y\_\_\_\_ N\_\_\_\_

If yes, please explain: \_\_\_\_\_

6. Have you had any broken bones or fractures? Y\_\_\_\_ N\_\_\_\_

If yes, please explain: \_\_\_\_\_

7. Do you have or have you ever had an injury that may interfere with or cause you difficulty in the practice of martial arts? Y\_\_\_\_ N\_\_\_\_

If yes, please explain: \_\_\_\_\_

8. Do you have medical/health insurance? Y\_\_\_\_ N\_\_\_\_

If yes, please provide the name of your provider \_\_\_\_\_

I hereby claim to be in good physical health, free of serious disease which may compromise my health or that of others, and able to participate in martial arts training.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian

(if under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

# KSMY MARTIAL ARTS

## Questionnaire

1. Have you observed a class while in session? Y\_\_\_\_ N\_\_\_\_

2. How did you hear about KSMY Martial Arts?

Friend/Relative\_\_\_\_ Website\_\_\_\_ Walk-in\_\_\_\_ Social Networking\_\_\_\_

3. If you're a student, what school do you attend? \_\_\_\_\_

4. Do you know any KSMY Martial Arts students? Y\_\_\_\_ N\_\_\_\_

If yes, who? \_\_\_\_\_

5. Have you taken martial arts before? Y\_\_\_\_ N\_\_\_\_

If yes, what style of martial arts? \_\_\_\_\_ For how long? \_\_\_\_\_

6. Are you interested in getting your black belt? Y\_\_\_\_ N\_\_\_\_

7. Are you interested in sparring or competitions? Y\_\_\_\_ N\_\_\_\_

8. Will you be interested in joining the demonstration team? Y\_\_\_\_ N\_\_\_\_

9. What martial arts products would you like to see sold at our school?

\_\_\_\_\_

10. What is your overall goal in taking KSMY Martial arts? (i.e. health, fitness, self defense, flexibility, self-discipline, belt advancement, etc.)

\_\_\_\_\_

11. Any other information that you would like to share with the instructor? (i.e. hobbies, sports, languages that you speak, instruments that you play, etc.)

\_\_\_\_\_

12. What is your favorite color?

\_\_\_\_\_