

# GUEST REGISTRATION FORM



STUDENT NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_

(IF PARENT)

GUARDIAN 1 \_\_\_\_\_ OCCUPATION \_\_\_\_\_ DOB \_\_\_\_\_

GUARDIAN 2 \_\_\_\_\_ OCCUPATION \_\_\_\_\_ DOB \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

MAY WE COMMUNICATE WITH YOU VIA TEXT MESSAGING?  YES  NO

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## 1. How did you happen to hear about us

- Website  Print Ad  Social Media  Sign /Drive By  Radio/TV  Direct Mail  Birthday Party  
 Promotional Booth  Referred by \_\_\_\_\_  Other \_\_\_\_\_

2. Do you live in the area?  Yes  No Do you plan to remain in the area?  Yes  No

3. Are you or your child in good health with no physical problems?  Yes  No

If no, please list any medical conditions we should be aware of \_\_\_\_\_

4. Is your schedule such that you can arrange it for you or your child to take lessons twice a week?  Yes  No

5. Do you or your child have any previous martial arts experience?  Yes  No

6. Do you feel your significant other would support your decision in getting you or your child enrolled provided our program fits your needs?  Yes  No

## 7. On a scale of 1 - 10, 1 being low and 10 being great, please rate you or your child on the following.

Focus / Concentration	1	2	3	4	5	6	7	8	9	10
Confidence / Self Image	1	2	3	4	5	6	7	8	9	10
Respect to Others	1	2	3	4	5	6	7	8	9	10
Fitness / Activity Level	1	2	3	4	5	6	7	8	9	10
Leadership	1	2	3	4	5	6	7	8	9	10

(Not a follower, doesn't succumb to peer pressure)

## 8. Who do you know that you would like to invite to take lessons with you?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

In consideration for my or my child's attendance and participation in the martial arts training offered by Premier Martial Arts, I acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve Premier Franchising Group LLC, Premier Martial Arts International Inc., the school, it's management, assigned staff, and fellow students from liability resulting from bodily injury, virus, any type of contagious sickness, or loss, whether personal belongings or bodily injury. I agree that I or student will not attend classes at any time when the student is or believes student might be ill, is experiencing any symptoms of illness, or has been exposed to a person or persons known to be infected with a contagious illness. I also hereby state that I or my child is physically fit to take the prescribed course of instruction and does so of my own free will in exchange for an agreed-upon fee. I understand there is no refund policy on any monies I will pay to Premier Martial Arts.

SIGNED BY GUARDIAN OR ADULT STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

**EMPOWERING LIVES THROUGH THE MARTIAL ARTS!**