Interview \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Introductory Agreement**

Student Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I undersigned, hereby make application for enrollment into the Introductory Course at *Mile High Karate*.

I further agree that I shall hold Mile High Karate; Stephen Oliver; and all Employees and Instructors, and / or agents of the above harmless from any liabilities arising from instructions and / or participation in any activity on the premises owned or leased by any of the above. I also understand that there are no refunds under any circumstances. I give permission to be added to Mile High Karate event and information text, email and mailing list.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Check the benefits you would like to experience from martial art training at *Mile High Karate*.

***Check All That Apply***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Physical Conditioning |  | Self-Discipline | |  | Better Concentration |
|  | Athletic Skill |  | Self-Confidence | |  | Better Mental Attitude |
|  | Inner Peace |  | Temper Control | |  | Self-Defense |
|  | Better Grades |  | Weight Control | |  | Respect for Self and Others |
|  | More Energy |  | Other: |  |  |  |

**NOW** … Circle the **ONE** single most important benefit for **YOU**.



**NEXT** … Activities and other interests (Please Print)

*Kids: Adults:*

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Activities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings / Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please turn over and complete back side, Thank You)**

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**QUALIFICATION FORM**

**Yes No**

1. Will You Be Living In The Area For At Least One Year? ( ) ( )

2. Are You In Good Health And With No Physical Problems? ( ) ( )

3. Can You Take Your Lessons At An Average Of Twice Per Week? ( ) ( )

4. Do You Have Room At Home To Practice What You Learn In Class? ( ) ( )

5. Are You Willing To Set Goals To Develop Your Mental Discipline? ( ) ( )

6. Are You Being Sponsored By A Current Member? ( ) ( )

If So, Whom?.

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

## How Did You Hear About Us?

( ) Newspaper ( ) School Program

( ) Birthday Party ( ) Guest Pass

( ) Website ( ) Known Forever

( ) Buddy Day ( ) Lead Box

( ) Child Safety ( ) Referral: (name)

( ) Demonstration ( ) Saw Sign

( ) Direct Mail ( ) T.V. Ad

( ) Family Member ( ) Summer Special

( ) Flyer ( ) Yellow Pages

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Parent Information

Are You A Single Parent? ( ) YES ( ) NO

Is Anyone Else Responsible For ( ) Transportation

( ) Financial Support

( ) Support For Events And Tests

If Yes Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer’s Notes (for instructor use only):

Did you have trouble finding us?

How did you hear about us?

What was it that initially prompted your interest in Mile High Karate?

Can you tell me a little about yourself?

Can you give me a sense of how the martial arts might be good for you?

*Program and Benefits: Self-Defense Physical Life style*

Would you like to go ahead with your 1st Lesson?