



THE WAY OF THE  
**SHADOW**  
 MARTIAL ARTS ACADEMY

*"Training for Life."*

Today's Date \_\_\_\_\_

## Student Application

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name (if minor): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_

Emergency Contact Name and Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (if minor): \_\_\_\_\_

Do you have any previous martial arts experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Do you have any physical limitations that might affect your training? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Do you have any transmittable ailments? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please give a detailed explanation of your limitations and/or ailments in the space below.

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What are your goals in training?

Self Defense \_\_\_\_\_

Build Self Esteem \_\_\_\_\_

Basic Fitness \_\_\_\_\_

Recreational Activity \_\_\_\_\_

Self Discipline \_\_\_\_\_

Career Fighter \_\_\_\_\_

Build Focus \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_ -- \_\_\_\_\_