

GENDAI TEKI KAGE DOJO

3820 Kemp Rd. Beavercreek, Oh. 45431

(937) 426-3547

WELCOME TO OUR SCHOOL!

In order to determine if the instruction at this school can adequately meet and serve your needs, please complete the following questionnaire. Parents, please fill in all questions for your child. The word "you" throughout the questionnaire means "the student".

STUDENT INFORMATION

Name _____ Age _____ Birth Date ____/____/____

Address _____ City _____ State ____ Zip _____

Phone: Home _____ Work _____

Cell _____ Cellular Provider _____

Parents (if under 18) Father _____ Mother _____

Email Address _____

Single Married (if married) Name of Spouse _____

GENERAL INFORMATION

How did you find out about the Kage Dojo? _____

What is your major reason for wanting to train in the martial arts? _____

Do you have any prior martial art experience? Yes No If yes, Explain

Please check the learning objectives that apply to you (or your child).

- Self-defense Meditation/Relaxation Increased Flexibility Physical Conditioning Confidence
 Philosophy Better Concentration Self Discipline Respect for Self and Others Weight Control

NOW ... Circle the **ONE** most important benefit for you (or your child).

Can you arrange to be here to take a 60-minute class twice a week to accomplish your goal? Yes No

Do you have a place to practice what you have learned in class? Yes No

We suggest 10 – 15 minutes of review every day.

Are you willing to stick to the commitment to the goal of learning the martial arts? Yes No

Classes are stimulating and you will realize personal growth. Martial arts mastery requires dedication, persistence, and a commitment to attaining your goal.

_____ Date: ____/____/2011

Student Signature or Parent (if applicable)