

Dewey's Martial Arts Academy

3 Normanskill Blvd – Delmar, NY 12054 (518) 475-9641

Student Registration

Student Name: _____ Date of Birth: ___/___/___ Today's Date: _____

Age: _____ Parent/Guardian Names: _____

Occupation: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ E-Mail: _____

Employer/School: _____

Allergies/Medical Concerns: _____

How did you hear about our school? Please circle: Friend, Relative, Sign, Phone Book, Newspaper, Mailing, Flyer, Internet, or Other: _____

Check **All** the benefits you would like to experience from training at the Dewey's Martial Arts Academy, and **Circle** the one most important to you:

- | | |
|--|--|
| <input type="checkbox"/> Physical Conditioning | <input type="checkbox"/> Self Discipline |
| <input type="checkbox"/> Better Concentration | <input type="checkbox"/> Better Mental Attitude |
| <input type="checkbox"/> Self Confidence | <input type="checkbox"/> Temper Control |
| <input type="checkbox"/> Inner Peace | <input type="checkbox"/> Respect for Self and Others |
| <input type="checkbox"/> Self Defense | <input type="checkbox"/> Flexibility |
| <input type="checkbox"/> Weight Control | |

1. Will you be living in the area for at least one year? ____ Yes ____ No
2. The tuition for karate training runs approx. \$145.00(Adults) \$115.00 (Children) per month for memberships. Is this within you budget? ____ Yes ____ No
3. Students are expected to attend classes an average of two classes per week. Will you be able to meet this requirement? ____ Yes ____ No
4. Are there any physical or medical limitations that we should be aware of? Please specify:

5. Could you recommend anyone for future training in the Martial Arts?
Name: _____ Phone: _____

Dewey's Martial Arts Academy reserves all rights to dismiss and students, at any time, for misconduct or actions which may convey a bad image. "I hereby acknowledge that Dewey's Martial Arts Academy and affiliates are not responsible for any injuries suffered while on this Premises."

Student or Parent (if student is under 18 years of age)

Office Use Only: Size ____ Paid ____ ID# ____
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