



Hickey's Karate Center

Center For The Martial Arts

Traditional Martial Arts--Traditional Values

Adult's Information Sheet

Please complete and attach your check for the Starter Course Tuition.

Name: _____ Phone: _____ Age _____
Address: _____ City: _____ Zip: _____
Date of Birth: _____ Previous Training ? _____
Sex: _____ Height: _____ Weight: _____ Married? ____ yes ____ no
Email: _____
Education: _____ Major: _____
Employed by: _____ Occupation: _____
In case of an emergency notify: _____ Phone: _____

Learning Objectives

- | | |
|--|---|
| _____ Improved Coordination | _____ Improved Self-Confidence |
| _____ Abduction Prevention Skills | _____ Improved Self-Esteem |
| _____ Greater Attention Span | _____ Improved Self-Control |
| _____ Better Listening Skills | _____ Improved Self-Discipline |
| _____ Learn Self-Defense Skills | _____ Enter Karate Competition |
| _____ Resistance to Drug Abuse Pressures | _____ Learn to Set and Reach Goals |
| _____ Multi-cultural Awareness | _____ Improve Communication Skills |
| _____ Meaningful Recreation | _____ Improved Multi-Cultural Awareness |

HOW DID YOU HEAR ABOUT US ?

- | | |
|--------------------------------|---------------------|
| _____ yellow pages | _____ Demonstration |
| _____ magazine article | Where? _____ |
| _____ friend _____ who ? _____ | _____ Newspaper |
| _____ walked by | Which? _____ |

List any appropriate medical history or behavioral problems: _____

Student acknowledges the existence of the potential for personal injury when participating in a course of instruction in activities such as Karate, Judo, Aikido, Kobudo and other martial arts, and that he or she is assuming this risk without liability to the Hickey's Karate Center, The Center For The Martial Arts, its instructors, agents or staff by executing this agreement and participating in said course of instruction.

_____ Fee Paid: _____
Hickey's Karate Center Enrollee or Responsible Party

Date: _____