



King Tiger Martial Arts, Inc

Character of a King ☯ Strength of a Tiger

Date of Application: _____

Applicants Name: _____ Age: _____ Date of Birth _____

Parent/Guardian Name: _____

Address: _____

State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Emergency Contact: _____

E:mail address: _____

Interest of Application

- | | |
|--|--|
| <input type="checkbox"/> Little Ninjas Martial Arts (Ages 3-5) | <input type="checkbox"/> Adult Martial Arts (Ages 18+) |
| <input type="checkbox"/> Children's Martial Arts (Ages 6-12) | <input type="checkbox"/> Aerobic Kick Boxing (Ages 14+) |
| <input type="checkbox"/> Teen Martial Arts (Ages 13-17) | <input type="checkbox"/> Tai Chi Martial Arts (Ages 14+) |

Which of the following Martial Arts Benefits interest you?

- | | |
|--|--|
| <input type="checkbox"/> Confidence | <input type="checkbox"/> Fitness/Weight Loss |
| <input type="checkbox"/> Self-Discipline | <input type="checkbox"/> Getting along with others |
| <input type="checkbox"/> Self Control | <input type="checkbox"/> Self Defense |
| <input type="checkbox"/> Stress Relief | <input type="checkbox"/> Other _____ |

What (if any) Sports or Physical Activities do You or your Child participate in now?

How did you hear about us?

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Referral | <input type="checkbox"/> Groupon |
| <input type="checkbox"/> Walk by | <input type="checkbox"/> Website |
| <input type="checkbox"/> Postcard | <input type="checkbox"/> TV or Radio |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Newspaper |

I RELEASE KING TIGER MARTIAL ARTS INC AND/OR ITS REPRESENTATIVES OF ANY RESPONSIBILITY FOR ANY INJURIES DURING CLASS OR DUE TO PARTICIPATION IN EVENT. Initials _____