

## HEALTH BENEFITS

- Cardiovascular
- Muscle Endurance
- Muscular Strength
- Body Composition
- Mobility
- Exercise
- Flexibility
- Relaxation
- Endurance
- Muscle Tone
- Conditioning
- Weight Control
- Physical Fitness
- Breathing Control

## PHYSICAL BENEFITS

- Practical Defense Skills
- Rapid Reflexes
- Agility
- Power
- Speed
- Balance
- Coordination
- Reaction Time

## MENTAL BENEFITS

- Spirit
- Focus
- Listening
- Alertness
- Discipline
- Character
- Motivation
- Obedience
- Leadership
- Persistence
- Self Control
- Self Esteem
- Goal Setting
- Self Respect
- Better Grades
- Concentration
- Determination
- Achieve Goals
- Manage Stress
- Self Confidence
- Respect for Others
- Fun Fun Fun Fun

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Enrollment Application

Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  M  F  
Mother (Guardian): \_\_\_\_\_ Occupation: \_\_\_\_\_  
Father (Guardian): \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. How did you happen to hear about us?

- Flyer       Internet       Walk By       Newspaper       Demonstration  
 Yellow Pages    Radio       Birthday Party    Referral \_\_\_\_\_

2. a. Do you live in the area?

Yes       No

b. Do you work in the area?

Yes       No

c. Do you plan to remain in the area?

Yes       No

3. What motivated you to come in today? \_\_\_\_\_  
\_\_\_\_\_

4. Is there anyone you plan on doing this with?  Yes  No **Name:** \_\_\_\_\_

5. Is earning a black belt one of your goals?  Yes  No

6. Are you exercising currently?  Yes  No

**Activity:** \_\_\_\_\_ **Day(s):** M T W T F S S      **Time(s):** \_\_\_\_\_

7. What days of the week and times are good for you to train/workout?

**Day(s):** M T W T F S S      **Time(s):** \_\_\_\_\_

8. Do you have any previous martial arts experience?  Yes  No

9. If YES, are you still training?  Yes  No (If NO, why did you stop training?)

**Likes:** \_\_\_\_\_ **Dislikes:** \_\_\_\_\_

**Changes:** \_\_\_\_\_

10. How long have you been interested in taking Martial Arts?

- Not too long       Few months       Over 1 year

11. What happened back then to make you consider taking Martial Arts? \_\_\_\_\_  
\_\_\_\_\_

12. Are those still the reasons why you want to take Martial Arts or have they changed? \_\_\_\_\_

13. If you were to get involved with a martial arts program, what would be the two most important things you think you would want to get out of the program?

a. \_\_\_\_\_

b. \_\_\_\_\_

14. Please check all the benefits (on the left) you think you or your child could improve upon or benefit from by taking Martial Arts.

Please check any medical conditions (below) that we should be aware of:

**MEDICAL CONDITIONS**

- Asthma
- Arthritis
- Diabetes
- Knee Problems
- Back Problems
- Heart Conditions
- High Blood Pressure

**Allergic Reactions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Physical Limitations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Special Medications:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INTRODUCTORY INFO**

- CKD       NIN
- SD         FIT

START DATE:

UNIFORM/EQUIP:

COURSE FEE:

EXPIRATION:

15. When would be a good day and time for your next visit? \_\_\_\_\_

16. When would you like to see the benefits you are looking for take place?  
\_\_\_\_\_

17. If you achieved these benefits, how would you feel? \_\_\_\_\_  
\_\_\_\_\_

18. Based on what you have seen so far, what has impressed you the most?  
\_\_\_\_\_  
Why? \_\_\_\_\_

19. Do you feel your significant other would support your decision in getting in shape and learning self-defense?       Yes    No

20. What has prevented you from getting started in a program in the past?  
\_\_\_\_\_

21. Is this still a problem? \_\_\_\_\_

22. Based on everything we have discussed, do you feel we have something that you can benefit from and would like to continue to learn? \_\_\_\_\_

23. Comments: \_\_\_\_\_  
\_\_\_\_\_

**Please check any medical conditions (see left) we should be aware of.**

**PLEASE READ AND AUTHORIZE BY SIGNING BELOW**

The undersigned understands the risk of studying Martial Arts and hereby releases Greca Choi Kwang-Do (CKD Belleville Inc.) and its entire staff, instructors, and other students of from any and all liabilities, for any type of injuries or loss sustained while training, studying, and practicing or in the application of Martial Arts. The undersigned also states that he/she (or his/her child) is in good physical condition and knows of no reason why he/she (or his/her child) cannot study and participate in Martial Arts.

In the event of an emergency, I hereby authorize any licensed medical personnel to perform any accepted medical procedure deemed necessary and agree to bear the expense of any such treatment. I HAVE READ AND UNDERSTOOD THE ABOVE AND WOULD LIKE MYSELF (OR MY CHILD) TO TRY AN INTRODUCTORY COURSE AND OTHERWISE PARTICIPATE IN MARTIAL ARTS LESSONS.

Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Choi Kwang-Do Representative: \_\_\_\_\_ Date: \_\_\_\_\_

For School Use: Ready for Class <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Recommend Class Time:</b> _____				
Intro	Lesson 1	Lesson 2	Intro 2	Lesson 2
Instructor:	_____	_____	Entering, Leaving, Respect	_____
Facility Tour	_____	_____	Review Lesson 1	_____
Basic Class Protocol	_____	_____	Rear Leg Front Kick	_____
Basic Stances	_____	_____	Pattern	_____
Outward Block	_____	_____	Review Class Procedures	_____
Blocker Drill	_____	_____	<b>Check Below for Kids</b>	_____
Principles of CKD	_____	_____	Pil Sung Meaning	_____
Rear Punch	_____	_____	Children's Promise	_____
Front Punch	_____	_____	Skill Based Games	_____
Front Leg Front Kick	_____	_____	Training Responsibility	_____
Target Training	_____	_____	Knowing Left and Right	_____

**Comments:**