

# **10,000 Victories Kung Fu Academy -Adults**

PLEASE PRINT NEATLY, Thank you.

Student Name:

Guardian Name If Student Under 18:

Mobile Phone:

E-Mail:

Home Phone:

Home Address:

Birthday: MM/DD/YY \_\_\_\_/\_\_\_\_/\_\_\_\_ City & Zip:

Emergency Contact Name:

Mailing Address if different from home:

Emergency Contact Phone:

Do you have any medical conditions we should be aware of?

Have you had illnesses or injuries we should be aware of?

What benefits do you expect to get out of class? Check all apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Better Health               | <input type="checkbox"/> Get in Shape     | <input type="checkbox"/> Self-defense              |
| <input type="checkbox"/> Increase Flexibility        | <input type="checkbox"/> Develop Physique | <input type="checkbox"/> Calm mind                 |
| <input type="checkbox"/> Have Fun                    | <input type="checkbox"/> Feel Stronger    | <input type="checkbox"/> Get More Energy           |
| <input type="checkbox"/> Improve Concentration/Focus | <input type="checkbox"/> Improve Balance  | <input type="checkbox"/> Strong Mind/Determination |
| <input type="checkbox"/> Get Centered & Inner Peace  | <input type="checkbox"/> Other:           |  |

What's your goal in class? Check all apply:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Great Body                  | <input type="checkbox"/> Cultivate Qi             | <input type="checkbox"/> Become Centered    |
| <input type="checkbox"/> Develop Self-defense Skills | <input type="checkbox"/> Lose Weight              | <input type="checkbox"/> Improve Health     |
| <input type="checkbox"/> Be in Shape                 | <input type="checkbox"/> Improve Coordination     | <input type="checkbox"/> Improve Confidence |
| <input type="checkbox"/> Master Kung Fu              | <input type="checkbox"/> Master Tai Chi           | <input type="checkbox"/> Master Qi Gong     |
| <input type="checkbox"/> Personal Growth             | <input type="checkbox"/> Elevate Spiritual Energy | <input type="checkbox"/> Other:             |

What is your primary goal and interest?

Have you studied martial arts before this?  Yes  No If yes, please describe: