

WATERLOO KUNG-FU ACADEMY

INTRODUCTORY CLASS QUESTIONNAIRE

(PLEASE PRINT CLEARLY)

Referred By: _____

CLASS DATE: / /
MM DD YYYY

PROGRAMME: Little Ninja Youth (6 to 10 yrs.)
 Junior (11 to 14 yrs.) Adult Student

Personal Information
Student Name (First & Last): _____
Date of Birth: _____
Address: Street: _____ City, Province: _____ Postal Code: _____
Contact Information: Home Phone: _____ Cell Phone: _____ Email: _____ Emergency Name/#: _____

Medical Information
Do you require approval from a Medical Doctor to participate in sports, e.g. kung-fu? Yes or No (please circle)
If Yes, do you have approval to participate in kung-fu? Yes/No/N/A (please circle)
Check-off (✓) and provide details if you or the participant (if under 18) suffer from any of the following: <input type="checkbox"/> Diabetes _____ <input type="checkbox"/> Epilepsy _____ <input type="checkbox"/> Migraine _____ <input type="checkbox"/> Haemophilia _____ <input type="checkbox"/> Heart Disorders _____ <input type="checkbox"/> Allergies _____ <input type="checkbox"/> Respiratory Disorders _____ <input type="checkbox"/> Joint Pains _____ <input type="checkbox"/> ADHD / ADD _____ <input type="checkbox"/> Other medical difficulties: _____

* Students Under Age 18 *
Parent/Guardian Name: _____
Parent/Guardian Name: _____

Martial Arts History
Do you have previous martial arts experience? If so, please describe experience: _____

How Did You Hear About Us?
What has brought you to WKFA? <input type="checkbox"/> VIP Pass/Gift Certificate (Specify) _____ <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Location <input type="checkbox"/> Academy Signage <input type="checkbox"/> Referral <input type="checkbox"/> Website <input type="checkbox"/> Other (Specify) _____

Motivation
Reasons for practicing martial arts: <input type="checkbox"/> Self-Esteem <input type="checkbox"/> Self Defence <input type="checkbox"/> Self-Discipline <input type="checkbox"/> Fitness <input type="checkbox"/> Stress Management <input type="checkbox"/> Weight Control <input type="checkbox"/> Social Aspect <input type="checkbox"/> Flexibility <input type="checkbox"/> Sporting Aspect <input type="checkbox"/> Self-Confidence <input type="checkbox"/> Philosophical Aspect <input type="checkbox"/> Improved Concentration <input type="checkbox"/> Mind/Body Connection <input type="checkbox"/> Self-Control <input type="checkbox"/> All of the above <input type="checkbox"/> Other: _____

PLEASE READ CAREFULLY

The participant hereby releases and forever discharges WATERLOO KUNG-FU ACADEMY, the academy, DAVID J. MOYLAN, his officers, instructors, members and authorised guests from any and all actions, causes of action, claims and demands whatsoever for damage, loss or injury, howsoever arising which may hereafter be sustained by me in consequence of my trial class in the academy, and also agree that WATERLOO KUNG-FU ACADEMY, the academy, DAVID J. MOYLAN, and its members shall not be responsible for any loss or theft of the participant's personal possessions however caused.

I UNDERSTAND THAT THIS IS A COMPLIMENTARY CLASS AND THAT I AM UNDER NO OBLIGATION TO ENROLL.

PARTICIPANT'S or PARENT'S/GUARDIAN'S SIGNATURE (if under 18 years) _____ Date: _____

PARENT'S/GUARDIAN'S NAME (if under 18 years old) (please print) _____

WATERLOO KUNG-FU ACADEMY per: _____