



# Child Future Student Personal Analysis and Application

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Parents/ Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

In consideration for my attendance and participation in this academy's martial arts training, I, the student/ parent/ legal guardian, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve Carolina International School (CIS), MATI Clubs, M.A.T.I., its management, assigned staff, and fellow students, from any liability resulting in personal injury or loss of personal belongings. I also hereby state that the students named above are physically fit to take the prescribed course of instruction and do so of their own free will for an agreed upon fee. I understand there is no refund policy on any monies I will pay to this academy or representative of said academy. A parent or legal guardian signature is required if the student is under the age of 18.

Signature: \_\_\_\_\_

What specifically would you like your child to accomplish in our martial arts program?

\_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Honor student: \_\_\_\_\_ Average student: \_\_\_\_\_ Needs a little help: \_\_\_\_\_

Other activities: \_\_\_\_\_ Medical concerns: \_\_\_\_\_

**PLEASE LABEL EACH COLUMN IN ORDER OF IMPORTANCE, FROM 1 TO 4**

**Self-Confidence**

- \* self-esteem
- \* assertiveness
- \* pride

\_\_\_\_\_

**Physical Fitness**

- \* weight control
- \* strength & flexibility
- \* coordination

\_\_\_\_\_

**Self-Discipline**

- \* concentration
- \* self control
- \* integrity

\_\_\_\_\_

**Self-Defense**

- \* safety
- \* confidence
- \* awareness

\_\_\_\_\_

**PLEASE MAKE OUT CHECKS TO: MATI CLUBS**

