

**EAST VALLEY MARTIAL ARTS**  
**Adult Student (age 18 and older) Application**

In an attempt to better serve our student base, we are generating this questionnaire and application form.

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency # (who) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ If you would like to receive the newsletter by e-mail  
(as an attachment) each month, please provide your e-mail address  
(also available at [www.EVMA.net](http://www.EVMA.net)): \_\_\_\_\_

Reason for studying Karate (Please check all that apply): Fitness \_\_\_ Balance \_\_\_

Self Defense \_\_\_ Confidence \_\_\_ Hobby \_\_\_ Coordination \_\_\_

Your Reasons: \_\_\_\_\_

Other Sports/Physical Activities, Past or Present: \_\_\_\_\_

Other Martial Arts Studies: \_\_\_\_\_ If so, level attained: \_\_\_\_\_

Your Expectations of the Program: \_\_\_\_\_

What are your goals regarding our program? \_\_\_\_\_

Are there any physical limitations that would need to be considered before beginning this program? Please describe: \_\_\_\_\_

Are there any previous or recent injuries that we can be notified of before beginning or continuing in this program? \_\_\_\_\_

If so, a written release from your physician may be necessary.

General comments regarding areas not already discussed: \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

I understand that Karate is a contact sport. As such, I am aware that I am participating in an activity that involves physical contact and injuries may occur which may potentially involve bodily harm or loss, and I do so at my own risk. I waive any claim or cause of action I may have against Ryukyu Karate LLC, East Valley Martial Arts, Horne Commerce Center, their owners, instructors, fellow students, guest instructors, or agents that may arise out of participation in this program. I further agree to indemnify and hold harmless said people from any and all causes of action or claims that may arise from said people due to my participation in this program. I state that I do not suffer from any physical harm or conditions that may affect participation in this program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_