MASTER S.H. YU
MARTIAL ARTS & FITNESS ASSOCIATES

Children's Program Application

Welcome! Please complete this questionnaire to help us learn more about your child's motivation in studying Martial Arts. This will assist us in designing a rewarding training program for your child. Thank you.

Date of Application _____

Student Name _____ Date of Birth _____

Phones: Home _____ Alternate _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

School History

Pre-school _____

Kindergarten _____

Current School _____ Grade _____

Parental Information

Father _____

Occupation _____ Employer _____

Mother _____

Occupation _____ Employer _____

Who initiated child's study of Martial Arts? ☐ Parents ☐ Child

How did you learn about us?	☐ Ad	☐ Sign	☐ Church/Temple
	☐ Friend Who?		☐ Other
Learning Objectives (check all that apply)	☐ Self-defense	☐ Personal training	☐ Physical conditioning
	☐ Discipline training	☐ Self-confidence	☐ Weight management/control
	☐ Coordination	☐ Sports/competition	☐ Art form study

Please indicate previous Martial Arts experience (school name, instructor, length of study, etc.)

_____

Physical/Emotional Evaluation

1. Does your child take regular medication? ☐ Yes ☐ No If yes, please specify:				
2. Has your child had surgery in the past 2 years? ☐ Yes ☐ No If yes, please specify:				
3. Does your child experience difficulty in any of the following areas? (Check all that apply)	☐ Coordination ☐ Balance ☐ Endurance	☐ Agility ☐ Self-confidence ☐ Expressing feelings	☐ Mental or emotional instability ☐ Neurological disorders ☐ Interacting with other children	
4. Does your child have any chronic illnesses? (Check all that apply)	☐ Poor circulation ☐ Heart condition ☐ Arthritis, bursitis ☐ None of the aforementioned	☐ Headaches ☐ Back problems ☐ Rheumatism	☐ Asthma ☐ Hernia ☐ High blood pressure	☐ Nervous tension ☐ HIV infection or AIDS ☐ Low blood pressure
5. Is your child goal/reward oriented? ☐ Yes ☐ No				
6. Do you experience discipline problems with your child? ☐ Yes ☐ No				
7. Has your child ever been attacked or abducted? ☐ Yes ☐ No				

I certify the above information is true and correct and give my permission for my child to study under the direction of Master S.H. Yu Martial Arts & Fitness Associates, Inc.

Parent signature _____

Relationship _____ Date _____

Date of First Class _____

Thank you. Please use the space below to share other relevant information that will help us work with your child.