

MASTER S.H. YU

MARTIAL ARTS & FITNESS ASSOCIATES

ADULT PROGRAM APPLICATION

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

		Date of Application
Student Name		Date of Birth
Phones: Work	Home	Cell
Address		
City	State	Zip
E-Mail		
Education/Degree Completed		
Employer		
<input type="checkbox"/> Single	<input type="checkbox"/> Married	Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No

How did you learn about us?	<input type="checkbox"/> Ad	<input type="checkbox"/> Sign	<input type="checkbox"/> Church/Temple
	<input type="checkbox"/> Friend Who?		<input type="checkbox"/> Other
Learning Objectives (check all that apply)	<input type="checkbox"/> Self-defense	<input type="checkbox"/> Personal training	<input type="checkbox"/> Physical conditioning
	<input type="checkbox"/> Self-discipline	<input type="checkbox"/> Self-confidence	<input type="checkbox"/> Weight management/control
	<input type="checkbox"/> Sports/competition	<input type="checkbox"/> Art form study	

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

Medical Data relevant to studying Martial Arts

- Do you take regular medication? Yes No If yes, please specify:
- Have you had surgery in the past 2 years?
- Do you have any chronic illnesses? (Check all that apply)

<input type="checkbox"/> Poor circulation	<input type="checkbox"/> Headaches	<input type="checkbox"/> Asthma	<input type="checkbox"/> Nervous tension
<input type="checkbox"/> Back problems	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Lack of energy	<input type="checkbox"/> Hernia
<input type="checkbox"/> Ulcers	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Arthritis, bursitis	<input type="checkbox"/> HIV infection or AIDS
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Low blood pressure	<input type="checkbox"/> None of the aforementioned	
- Have you ever been involved in a fight? Yes No
- Have you ever been attacked or abducted? Yes No
- Do you have a criminal record? Yes No
- Are you in the habit of attaining a desired goal? Yes No

Thank you. Please share any other relevant information you may believe is necessary.