



Student Enrollment Info

Student Name:		Today's Date:	
Age of Student:	Birth Date:	Gender: M F	
Student Address:			
City:	State:	Zip Code:	
Student Phone:		Student Email:	
Guardian/Emergency contact:	Name:	Phone:	
What are you looking to get out of the Universal Kickboxing Programs?			
<p>What are your goals (check all that apply)?</p> <p style="padding-left: 40px;">Health (physical fitness, stress relief and relaxation)</p> <p style="padding-left: 40px;">Appearance (lose weight, improve muscle tone, improve posture)</p> <p style="padding-left: 40px;">Performance (athleticism, stamina, flexibility, agility)</p> <p style="padding-left: 40px;">Self Defense (safety, confidence, achievement, awareness)</p> <p style="padding-left: 40px;">Competition (test my skills against others competitively)</p>			
<p>Do you have any current injuries, past injuries or illness(es) that affect physical activity?</p> <p style="padding-left: 40px;">Yes No If yes, describe:</p>			
How did you learn about Universal Kickboxing?			
Have you trained or practiced martial arts previously?			
Are you active in other forms of exercise or sports?			