

Hill's Martial Arts, LLC

Thank you for choosing Hill's Martial Arts, LLC. To ensure that we can meet and serve your needs please complete the following questionnaire

Student Name: _____ M/F: _____ DOB: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Parent(s)/Legal Guardian(s) Name: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Activities, Hobbies or Special Interests: _____

How did you hear about our School? _____

If you were referred, who referred you? _____

Circle the benefits that you, or your child, would like to experience from martial arts training:

More Energy Muscular Control Athletic Skill Better Concentration Weight Control

Self-Discipline Self-Control Fun Better Mental Attitude Physical Conditioning

Better Grades Temper Control Self-Defense Other _____

Does the student have any special needs that we need to be aware of? _____

Do you have any additional questions or comments? _____
