



NEW GUEST INFORMATION SHEET

IP PD y / n VIP

STUDENT NAME: _____ DATE: _____ BIRTHDATE: _____

PARENTS/GUARDIAN: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

HOME PH: _____ WORK PH: _____ MOBILE PH: _____

1} DO YOU HAVE ANY PREVIOUS EXPERIENCE IN MARTIAL ARTS? NO YES Style? _____

2} WHAT ARE YOUR REASONS FOR WANTING TO STUDY MARTIAL ARTS OR WHAT BENEFITS ARE YOU SEEKING?

_____ SELF DEFENSE _____ SELF DISCIPLINE _____ PHYSICAL FITNESS _____ SELF CONFIDENCE
 _____ RECREATION (FUN) _____ BLACK BELT _____ INSTRUCTOR _____ FLEXIBILITY

3} HOW DID YOU LEARN ABOUT CHOI KWANG DO?

_____ SCHOOL SIGN _____ RADIO _____ DEMONSTRATION _____ FLYER _____ FRIEND – WHO? _____
 _____ WEBSITE _____ FACEBOOK _____ COUPON _____ PHONE CALL _____ INTERNET _____ OTHER

4} DO YOU LIVE IN THIS AREA? YES NO (If no, how far away) _____

5} DO YOU WORK IN THIS AREA? YES NO (If no, how far away) _____

6} DO YOU PLAN TO REMAIN IN THIS AREA? YES NO

7} WHAT MOTIVATED YOU TO COME IN TODAY? _____

8} IS THERE ANYONE YOU WOULD LIKE TO DO THIS WITH? _____

9} IS EARNING A BLACK BELT ONE OF YOUR GOALS? YES NO POSSIBLE

THANK YOU FOR YOUR TIME AND YOUR INTEREST.

ACKNOWLEDGEMENT AND RELEASE FORM

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Greca Choi Kwang Do, representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Martial Art Classes, Self Defense Seminars and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of Greca Choi Kwang Do, representatives or agents. Please note: Participants must supply their own protective equipment.

The undersigned acknowledges that:

1. He/She is desirous of using, as a member on a membership basis, the Martial Arts School herein referred to as "Greca Choi Kwang Do".
2. He/She has received a completely executed copy of this agreement.
3. He/She confirms that there were no verbal presentations other than those specified in this agreement.
4. He/She may be photographed or filmed while attending at the premises of Greca Choi Kwang Do and he/she gives permission to Greca Choi Kwang Do, and any affiliates to use any and all photos, video footage, and/or video streaming for promotional, sales, publicity, and advertising purposes for all media including internet.
5. He/She must give Greca Martial Art Academy a 30-days notice before withdrawal from our program.
6. The waiver was read and he/she agrees to abide by it.

If student is under age 19, please provide complete information below:

Greca Martial Art Academy Representative_____
Student Name_____
Date_____
Parent/Guardian Signature (if participant is under 19 years of age)