



Plowden's Championship Martial Arts Academy  
Informational Form

*Please complete the following questions to determine how Plowden's Championship Martial Arts Academy can best meet and serve your needs.*

NAME OF STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ Is this a cell number? \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

Circle - Female / Male

**1. How did you hear about us?**

\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT

RELATIONSHIP

PHONE #

**2. Check the benefits you would like from karate training with us.**

- Physical Conditioning
- Better Concentration
- Self Confidence
- Weight Control
- More Energy
- Self-Discipline
- Athletic Skill
- Better Mental Attitude
- Temper Control
- Better Grades
- Respect for Self & Others

EMERGENCY CONTACT

RELATIONSHIP

PHONE #

Signature: \_\_\_\_\_

*Legal guardian must sign if student is under the age of 18*

*By completion of this registration form, you are certifying an agreement with Plowden's Championship Martial Arts Academy*