



**BTKD**

**CHILDREN'S APPLICATION**

**Boston Tae Kwon Do Academy**

**Please fill out as completely as possible**

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL \_\_\_\_\_

PARENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

How did you hear about Boston Tae Kwon Do? ( ) Paper ( ) TV ( ) Door Hanger  
( ) Direct Mail ( ) Val Pack Referral-Who? \_\_\_\_\_  
( ) Other \_\_\_\_\_

Has your son/daughter ever trained in Martial Arts before? \_\_\_\_\_ How long? \_\_\_\_\_

Does your son/daughter participate in any other sports or physical activities? \_\_\_\_\_  
How many days per week? \_\_\_\_\_

Who initiated the interest in Martial arts lessons? \_\_\_\_\_ How long has there been an interest?  
Weeks \_\_\_ Months \_\_\_ Years \_\_\_

Does your son/daughter currently set goals? \_\_\_\_\_ Does he/she usually follow through on these goals?  
\_\_\_\_\_

Are you willing to help your child set a goal that will develop their physical fitness and mental discipline? \_\_\_\_\_

***What are your most important reasons for learning Martial Arts?***

*Please number in order of importance to you 1-4 (#1 is most important)*

- |                 |                      |                 |              |
|-----------------|----------------------|-----------------|--------------|
| Self Confidence | Physical Fitness     | Self Discipline | Self Defense |
| Self Esteem     | Weight Control       | Concentration   | Safety       |
| Assertiveness   | Strength/Flexibility | Self Control    | Confidence   |
| Pride           | Coordination         | Integrity       | Awareness    |
| _____           | _____                | _____           | _____        |

Does your son/daughter have any physical limitations that would prevent them from fully participating in our Martial Arts program? \_\_\_\_\_ Explain: \_\_\_\_\_

PARENT/STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_