



# New Student Information Sheet

<b>Part A: Student Info:</b>	
Student Name: _____	Email (Parents): _____
_____	Name of School: _____ Grade Level: _____
Address: _____	Does your child have any history of disciplinary issues? <i>Y N</i> Does your child have any learning disabilities? <i>Y N</i> Explain: _____
City: _____	Whose idea was it to try our Tae Kwon Do? <i>Child Parent</i>
Zip: _____	Please list any physical disabilities your child has that may affect his training with Tae Kwon Do? _____
Home Phone: _____	
Cell Phone: _____	
Date of Birth: _____ Age: _____	We plan to be in the area: <i>Months/Years Forever</i>

<b>Part B: Waiver of Injury</b>	<b>Part D: Staff Only</b>								
<p>Guest Student represents that he or she is in good physical condition and able to use the equipment provided and to participate in exercises and martial arts programs made available by Nobody Bothers Me, Inc. hereinafter referred to as "NBM". NBM represents that its personnel are trained in providing exercise programs and instruction and the proper use of its equipment. NBM further represents that its personnel have no expertise in diagnosing, examining or treating medical conditions of any kind or in determining the effect of any specific exercise on said medical condition. Guest Student fully understands and agrees that in participating in one or more of the martial arts programs, or using the facilities maintained by NBM, there is the possibility of accidental or other injury. Guest Student agrees to assume the risk of such injury and further agrees to indemnify NBM and its personnel from any and all liability on the part of NBM by either the Guest Student or third party as the result of the use by the Guest Student of the facilities and instructions offered by NBM. <b>By signing below, you certify that you understand and comply with this waiver. I ALSO ACKNOWLEDGE THAT THERE ARE NO REFUNDS FOR THE INTRODUCTORY TRIAL FOR ANY REASON.</b></p> <p>_____</p> <p><b>Print Name</b> (Parent or guardian if student under the age of 18)</p> <p>_____</p> <p><b>Signature</b> (I certify that I have read the above waiver and I am at least 18 years of age)</p> <p>_____</p> <p><b>Date</b></p> <p>_____</p>	<p><b>INFORMATION DATE:</b> _____</p> <p><b>INFORMATION SOURCE:</b> _____</p> <p><b>INTRO FEE:</b> _____ <b>UNIFORM SIZE:</b> _____</p> <p><b>INTRO COURSE:</b> _____</p> <p><b>DATE ENROLLED:</b> _____</p> <p><b>DATE INTRO EXPIRES:</b> _____</p> <p style="text-align: center;"><b>Staff Checklist</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> New Schedule given</td> <td><input type="checkbox"/> Entered Student in computer</td> </tr> <tr> <td><input type="checkbox"/> Student Manual given</td> <td><input type="checkbox"/> Email Address entered</td> </tr> <tr> <td><input type="checkbox"/> Payment received</td> <td><input type="checkbox"/> ID card made</td> </tr> <tr> <td><input type="checkbox"/> Uniform given</td> <td></td> </tr> </table> <p style="text-align: center;"><b>Notes</b></p> <p>_____</p> <p style="text-align: center;"><b>Part C: Questionnaire</b></p> <p style="text-align: center;">(Please proceed to the back) ⇨⇨⇨⇨⇨</p>	<input type="checkbox"/> New Schedule given	<input type="checkbox"/> Entered Student in computer	<input type="checkbox"/> Student Manual given	<input type="checkbox"/> Email Address entered	<input type="checkbox"/> Payment received	<input type="checkbox"/> ID card made	<input type="checkbox"/> Uniform given	
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<input type="checkbox"/> Payment received	<input type="checkbox"/> ID card made								
<input type="checkbox"/> Uniform given									

# Questionnaire

1. Have you studied any type of Martial Arts before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes what style, where, and how long? \_\_\_\_\_

2. What motivated you to come see us today? \_\_\_\_\_

3. How long have you been thinking about taking the martial arts? Not too long \_\_\_\_\_ Couple months \_\_\_\_\_ Over a year \_\_\_\_\_

4. If you have been thinking about taking the martial arts for over a couple months, what stopped you from starting back then?  
\_\_\_\_\_

5. Are you familiar with the Jhoon Rhee name? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Circle the benefits you would like to gain from your martial arts training.

Self-Defense	Weight Control	Physical Fitness	Academic Achievement	Flexibility	Coordination
Self-Confidence	Self-Control	Self-Discipline	Concentration	Goal Setting	Character
Self-Motivation	Balance	Focus	Quickness	Perseverance	Positive Attitude
Respect	Obedience	Muscle Tone	Stress Management	Alertness	Leadership

7. What other team sports/activities do you participate in?

Soccer Baseball Football Basketball Hockey Lacrosse Golf Track/Running Ballet Gymnastics Cheerleading Other

8. If accepted into our school, can you attend class at least 2 times a week? Yes \_\_\_\_\_ No \_\_\_\_\_

9. If accepted into our school, can you apply 15 minutes per day practicing at home? Yes \_\_\_\_\_ No \_\_\_\_\_

10. If accepted into our school, would you set a goal to become a Black Belt \_\_\_\_\_, or just learn a few basics? \_\_\_\_\_

11. Our academic policy for a young Black Belt is a "B" average or above. If you are a below "B" average student, do you think you can bring your grades up to a "B" average before you attain the Black Belt? Yes \_\_\_\_\_ No \_\_\_\_\_

12. If accepted to our school, will you abide by the following student creed? Yes \_\_\_\_\_ No \_\_\_\_\_

*To build True Confidence through,  
Strength in my Body, Honesty in my Heart, and Knowledge in my Mind.*

*To keep friendship with one another and to build a Strong and Happy community.*

*Never fight to achieve selfish ends, but to develop MIGHT FOR RIGHT!*

## Risk Evaluation

**Please read the following statements carefully and check those that are true:**

- \_\_\_\_\_ I have recently had surgery.
- \_\_\_\_\_ I have had heart trouble in the past.
- \_\_\_\_\_ I sometimes feel faint or dizzy.
- \_\_\_\_\_ I have high blood pressure.
- \_\_\_\_\_ I have been in the past or am now a smoker.
- \_\_\_\_\_ I have bone, joint, ligament or tendon problems.
- \_\_\_\_\_ My father, mother, sister or brother suffered a heart attack before age 50.
- \_\_\_\_\_ I am currently taking medication. Please list: \_\_\_\_\_
- \_\_\_\_\_ I suffer from allergies or asthma.
- \_\_\_\_\_ I am pregnant.
- \_\_\_\_\_ I am a diabetic.
- \_\_\_\_\_ I have hypoglycemia.
- \_\_\_\_\_ I am 20 pounds or more overweight and not accustomed to physical exercise.

**If I checked any one of the statements as true, I will receive a medical evaluation and consent before I may take a fitness test and participate in exercise class.**

\_\_\_\_\_  
Signature of student (parent or guardian if student is a minor)

\_\_\_\_\_  
Date