



# ACADEMY OF TRADITIONAL KARATE

Teaching life skills since 1989  
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## ADMISSION APPLICATION

### Adults (18 and over)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Home Tel. # \_\_\_\_\_  
Work \_\_\_\_\_  
Cell # \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Employer \_\_\_\_\_  
Occupation \_\_\_\_\_  
Medical Concerns: \_\_\_\_\_

### Youths (under 18)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ZIP \_\_\_\_\_  
School \_\_\_\_\_  
Home Tel# \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Mother's Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Work and Cell Tel # \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Father's Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Work and Cell Tel# \_\_\_\_\_

**\*Please provide E-mail and Primary Cell Contact for Emergency and Update Purposes**

E-mail Address #1 \_\_\_\_\_ E-mail Address #2 \_\_\_\_\_  
Primary Cell Phone # \_\_\_\_\_ Preferred Contact Method: \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_ Email \_\_\_\_\_

Name of Spouse, Guardian or other contact person (name & relation) \_\_\_\_\_

Telephone number of other contact person \_\_\_\_\_

- 1) How did you hear about the Academy of Traditional Karate, Inc.? [Please check all that apply]  Sign  
 Facebook  Friend/Relative (name): \_\_\_\_\_  Google/Website  Mail/Flyer (postcard, etc)  
 Community Program (list): \_\_\_\_\_  Other: \_\_\_\_\_

2) Will you be residing in the area for at least the next year? \_\_\_\_\_

3) Rate your child or yourself (for adults) in the following areas: L = Low, A= Average, H= High, or N/A  
\_\_\_\_ Self Confidence \_\_\_\_ Self Protection \_\_\_\_ Better School Grades \_\_\_\_ Self Discipline \_\_\_\_ Physical Fitness  
\_\_\_\_ Socialization Skills \_\_\_\_ Self-Esteem \_\_\_\_ Stress Management \_\_\_\_ Perseverance

4) Which of the above are you most interested in improving by studying Karate? \_\_\_\_\_

5) Do you have any behavioral, mental or physical conditions that would affect your performance of karate (please include an allergies)?

Yes \_\_\_ No \_\_\_ If yes, Explain \_\_\_\_\_

6) Do you and/or your child have any prior experience in the martial arts?

Yes \_\_\_ No \_\_\_ If yes, Explain \_\_\_\_\_

7) Have you ever been convicted of Assault and Battery or any other violent crime?

Yes \_\_\_ No \_\_\_ If yes, Explain \_\_\_\_\_

8) Are you willing to dedicate 2 hours a week to karate to achieve the goals listed above (#3&4)? Yes \_\_\_ No \_\_\_

9) What other activities do you do throughout the year? \_\_\_\_\_  
\_\_\_\_\_

10) Do you consider yourself a dependable person, e.g., show up for appointments, call if you can't make it, read through material that is assigned to you, etc. Yes \_\_\_\_\_ No \_\_\_\_\_

11) Are you willing to follow the Academy's Karate Creed: Be Positive, Self-Disciplined, Respectful, Avoid Drugs, and only use Karate in a positive way, such as, to defend yourself? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please sign:**

Applicant \_\_\_\_\_

Parent or Guardian (if under Age 18) \_\_\_\_\_

Date \_\_\_\_\_

NOTE: BEFORE YOU TAKE YOUR FIRST CLASS YOU MUST FILL OUT A DISCLAIMER! (ON NEXT PAGE)

DISCLAIMER OF LIABILITY

**PLEASE READ THIS DOCUMENT CAREFULLY.**

It explains our legal responsibilities and limitations. If you have not reached the age of 18, then you must have the signature of parent or legal guardian as a term and condition of your enrollment in Karate classes.

The undersigned student \_\_\_\_\_ hereby releases, waives, and agrees to indemnify and hold harmless The Academy of Traditional Karate, Inc., Todd J. Keane, his authorized agents and representatives, and Howland Development from any and all liability arising from or in relation to or on the premises designated for the practice of karate in sanctioned classes and events of all descriptions, including personal injuries sustained in the customary course of practice and conditioning. In addition, if I have any known medical conditions, I will consult a physician, and I will supply a physician's note during the first week of my enrollment and subsequent enrollments if I have any physical restrictions.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent or Guardian Signature  
(if under age 18)

\_\_\_\_\_  
Date