

Ronin Dragon Karate Application

Student's Name: _____

Date: _____

Student's Age: _____

Parent's Name: _____

Phone Number: _____

1) Is the student at least 5 years of age?

2) Does the student know their left and right?

3) Can the student count to at least 25?

4) Is the student able to perform physical exercise (ex. push-ups, sit-ups, jumping jacks)?

5) Does the student have any allergies? If yes, please explain or meet with Sensei.

6) Does the student have any current or previous physical handicap? (ex. broken bone, torn ligament, bad back). If yes, please explain or meet with Sensei.

7) Does the student have any learning challenges? If yes, please explain or meet with Sensei.

8) Does the student currently have or ever had behavioral issues in school? If yes, please explain or meet with Sensei.

9) Does the student currently take any medications for any illnesses? If yes, please explain or meet with Sensei.

This form must be filled out and turned in to Sensei Diaz before signing up with Ronin Dragon Karate. If you have any questions or concerns please meet with Sensei Diaz.

Thank You,
Sensei Jordan C. Diaz