



The Dojo Registration and Application

Student first name

Student last name

Name of parent/legal guardian
(for minor – under 18)

Street address

City, State, ZIP

Email address

Phone

home mobile work

Phone

home mobile work

Date of birth

Please list any medical conditions or
injuries that would affect your
participation in any way

Have you studied a martial art
previously?

If yes, please indicate the name of
the martial art, the school or
instructor and your last rank.

On a scale of poor to excellent, mark
where you see your current fitness
level

Poor <-----> Excellent

What are your goals for studying a
martial art?

Membership level requested:

Gedan (once per week) Jodan (full member)

For internal use:

Date of application:

Waiver received:

Amount paid:

Student accepted (circle): yes no