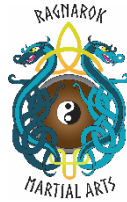


Emma Wyatt, Sensei
Owner / Chief Instructor



Kristine Wyatt
Administrator /
Instructor

Ragnarokmartialarts@gmail.com

603-923-8764

RAGNARÖK MARTIAL ARTS

ENROLLMENT APPLICATION

Name _____ Age _____ DOB _____

Address _____

City _____ State _____ Zip Code _____ Phone# _____

Email _____

Emergency Contact Name _____ Emergency Contact Phone# _____

Have you studied martial arts before? Yes / No
If yes, what style? _____ For how long? _____ Rank? _____

Are there physical or mental disabilities we should be aware of? Yes / No
If yes, please elaborate _____

The reason for needing this information is for the safety of the student and to ensure that we are giving the student quality instruction. Any information provided will be kept confidential.

What are your personal reasons for wanting to study martial arts? (Please circle all that apply)

| | | |
|-------------------|--------------------|-----------------|
| Physical Activity | Self Defense | Self Confidence |
| Self-Esteem | Social Interaction | Other |

Please elaborate on your above answer. _____

How did you hear about Ragnarök Martial Arts? _____

Were you referred to Ragnarök Martial Arts by a fellow student or instructor? _____
If so, who? _____