



# NEW GUEST INFORMATION SHEET

Staff Initials: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_ Karate Lessons

\_\_\_ Fitness Classes

## GUEST INFORMATION:

Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone : \_\_\_\_\_ Email : \_\_\_\_\_

## HISTORY & GOALS:

Does the student have any previous martial arts experience? Yes \_\_\_ No \_\_\_

If "Yes", what style and where did the student attend? : \_\_\_\_\_

What specifically would you or your student like to accomplish in our martial arts or fitness program?

Please list any allergies, medications, surgeries, or medical conditions:

How did you hear about us?: Internet search Yelp Google person/other, please list: \_\_\_\_\_

## COVID-19 Checklist:

Initial on each line to agree that you or your student:

1. I/my student have not felt feverish, and do not have or recently have had other symptoms such as cough, shortness of breath, chills, night sweats, sore throat, nausea, vomiting, diarrhea, tiredness, muscle or body aches, headaches, confusion, or loss of sense of taste/smell. **Initial Here:** \_\_\_\_\_
2. I/my students has been in the country for at least 14 days. **Initial Here:** \_\_\_\_\_
3. I/my student has not been exposed to COVID 19 to the best of my ability. **Initial Here:** \_\_\_\_\_

## AFFIRMATION:

*I, the undersigned hereby make the application for enrollment into the introductory course/birthday party/ trial at Primetime Martial Arts & Fitness (Firstplace Productions LLC). I further acknowledge that the applicant, be it my child or myself, is in good mental and physical health and is fully capable of participating in Martial Arts or Fitness Classes. I acknowledge that Primetime Martial Arts & Fitness reserves the right to dismiss any students, at any time, for misconduct or actions that may convey a bad image or put themselves or others at risk. Applicant and/or applicant's parent or guardian further acknowledges that there are risks involved in participating in Martial Arts or Fitness Programs and freely assumes such risks and will hold Primetime Martial Arts & Fitness, it's management, staff, and fellow students harmless from any claims for injuries which may occur. Parental attendance is required during the trial period.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name : \_\_\_\_\_ Relation: \_\_\_\_\_