

Upper Hutt Martial Arts Academy

New Student Questionnaire



Student Details:	Full Name: Date of Birth:
Phone Number:	
Email Address:	
Emergency Contact:	Name: _____ Phone: _____ Relationship:
How did you hear about us?	
Reason(s) for Joining: Please tell us your main reasons for wanting to start martial arts classes.	
Health Conditions:	Do you have any health conditions, injuries, or diagnoses that we should be aware of? This is so we can help you get the most out of your training. <input type="radio"/> Yes <input type="radio"/> No If Yes, please provide details below:
18 + Criminal Convictions:	Do you have any criminal convictions that may affect your suitability to partake in martial arts training? <input type="radio"/> Yes <input type="radio"/> No If Yes, please provide details below: