



Ancient City Pa Kua Student Contact & Information Form

Information:

Name: _____ Date of Birth: _____

Parent or Legal Guardian (If student is under 18 years of age): _____

Address: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Relation to Student: _____

Medical Conditions/Issues/Known Injuries: _____

Allergies: _____

Martial Experience:

Previous Martial Art Training: _____

Years & highest belt/degree completed: _____

Ancient City Pa Kua:

Pa Kua Start Date: _____ How did you hear about us?: _____

Have you ever study Pa Kua before?: _____ Last belt/degree achieved?: _____

If so, where & under what Master?: _____

What interests you about Pa Kua?: _____

I certify that to the best of my knowledge all of the above is true and correct and it is my responsibility to inform and equip Ancient City Pa Kua with all the needed information about myself and my physical ability/wellness to participate in Pa Kua. It is also my responsibility to notify Ancient City Pa Kua if any of the above information should change or if due to health or injury I am no longer able to physically participate in Pa Kua.

Print Name (Student)

Signature (Student)

Date: _____

On behalf of Minor Students:

Print Name (Legal Parent or Guardian)

Signature (Legal Parent or Guardian)

Date: _____