

**2 FREE
TRIAL CLASSES**



THE ULTIMATE BLACK BELT EXPERIENCE!

RDCA MMA VIP EVALUATION

Name: _____

Date: _____

Address: _____

Phone: _____

City: _____

Email: _____

State: _____ Zip: _____

Parents: _____

DOB & Age: _____

Orientation Day

2nd VIP Day

I understand and agree that the Academy of Martial Arts will not be held liable for injuries, damages, etc., caused by my involvement in the classes, training, or activities performed at, or in conjunction with, the Academy of Martial Arts. It is also understood that I have been checked by a Medical Doctor, and authorized for this type of activity.

Student Signature

Parent or Guardian Signature

EVALUATION QUESTIONNAIRE

How did you hear about us? _____

Why are you interested in learning the Martial Arts? _____

What are your goals? _____

Is there anything special you would like us to know? _____

Do you have any medical issues? _____

How you ever studied the Martial Arts before? _____

Would you like to invite a friend or family member to train with you? _____

If so, who? _____