



# VIP EVALUATION



## 1 **FREE** Trial Class With This VIP Pass

Name: _____	Date: _____
Address: _____	Phone: _____
City: _____	Email: _____
State: _____ Zip: _____	Parents: _____
DOB & Age: _____	

I understand and agree that the Academy of Martial Arts RDCA Corp. 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 RDCA Corp. It is also understood that I have been checked by a Medical Doctor, and authorized for this type of activity.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/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? \_\_\_\_\_

Have you ever studied the Martial Arts before? \_\_\_\_\_

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

If so, who? \_\_\_\_\_ What is their email address? \_\_\_\_\_

W W W . R D C A M M A . C O M

