



# WHOLE ARMOR MARTIAL ARTS INC.

## Student Application

This application is for: (please circle the class you desire)

Monday PM

Thursday PM

Friday PM

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E mail: \_\_\_\_\_

Age/Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
(8 years old minimum)

Church affiliation: \_\_\_\_\_

Emergency Contact: (name and phone) \_\_\_\_\_

Previous Martial Arts Experience (Rank/Style/School/Instructor): \_\_\_\_\_

Who referred you to Whole Armor? \_\_\_\_\_

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### **WHOLE ARMOR MARTIAL ARTS ® CODE OF HONOR**

\*\*\*\* *I agree to abide by all class rules of Whole Armor Martial Arts ®.*

\*\*\*\* *As a student I agree to submit to my instructors leadership and discipline.*

\*\*\*\* *I will treat the skills I learn with respect and honor and never use them outside of the Whole Armor Martial Arts ® classroom or my own personal practice area unless under the direct supervision of my instructor.*

\*\*\*\* *I agree to timely payment of my class fees each month according to the Payment Policy.*

Signature (student): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian) *please print names of both parents below:*

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NOTE: Each December a new application/medical release will be handed out. These and a \$15.00 CBBA registration fee will be due by the first class of January to update our records and enroll in classes for the coming year.

*Advanced training note: At the Senior Instructors discretion, as students reach the advanced division in our program they will be placed into one of two tracks of instruction and responsibility. One is for those who will be trained to become Whole Armor Martial Arts ® Black Belts in Shiho Karano and members of our teaching staff. The other will be for students training to become Shiho Karano Black Belts without staff responsibilities.*