WHOLE ARMOR MARTIAL ARTS INC.
2027 Student Application

Please check the class of your choice

☐ 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? _____

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:*

_____ _____

NOTE: Each December a new application/medical release will be handed out. These and a $10.00 registration fee will be due by the first class of January to update our records and enroll in classes for the coming year.

"Be strong in the Lord and in the power of His might..." Ephesians 6:10