*We are the Best, We are the Biggest, We are…*

Park’s Martial Arts Academy

## 677 Big Bend Road • Manchester, MO 63021 • PH (636) 230 – 5667 Fax (636) 230-0025

 1334 Clayton/Clarkson Center • Ellisville, MO 63011 • PH (636) 227-3332

**Visitor (Evaluation Program)**

|  |
| --- |
| Instructor use only. Date from: to : |
| Name | G | A | BA |
| Power |  |  |  |
| Flexibility |  |  |  |
| Balance |  |  |  |
| Strength |  |  |  |
| Coordination |  |  |  |
| Self – Discipline |  |  |  |
| Concentration |  |  |  |
| Self – Confidence |  |  |  |
| G: good A: average B.A: below |

Date Click here to enter a date.

Student Name       Age

Address       City

State       Zip Code

Your Name

### Occupation

Home Phone

Work/Cell Phone

# Please mark the main reasons you are interested in

# Tae Kwon Do for Yourself or your child:

[ ]  Physical Fitness [ ]  Meditation [ ]  Respect

[ ]  Self-Confidence [ ]  Self-Control [ ]  Sport Aspect

[ ]  Self-Discipline [ ]  Weight Control [ ]  Other

[ ]  Self-Defense [ ]  Self-Awareness

How long have you been thinking about the Martial Arts

### Why did you wait until now?

# Do you have any Martial Arts Experience? [ ] Yes or [ ] No

If yes, please describe

**If you are accepted, are you willing and able to go all the way to achieve the Black Belt?** [ ] **Yes or** [ ] **No**

If no, explain

**Do you have to discuss your decision to enroll in Martial Arts with anyone else?** [ ] **Yes or** [ ] **No**

# How did you learn of the Park’s Martial Arts Academy?

[ ]  Newspaper [ ]  Present Member [ ]  Telephone Book [ ]  Web-site

[ ]  Television [ ]  Demonstration [ ]  Drive by

[ ]  Coupon [ ]  Flyer [ ]  Birthday Party

**Do you have plans to move out of the St. Louis area soon?** [ ] **Yes or** [ ] **No**

If yes, please explain