



Trinity Martial Arts Club

Enrollment Form

Date _____

Last Name _____ First Name _____ Middle Name _____

Preferred Name _____ Birthday _____ Grade _____

Parents Name _____

Physical Address _____

City _____ State _____ Zip Code _____

Mailing Address (If Different) _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Can we text you _____ Email Address _____ Facebook _____

Nearest Relative _____ Home Phone _____

Cell Phone _____ Work Phone _____

Church Membership At _____ Are you Baptized Yes _____ No _____

Medical Concerns Yes ___ No ___ Explain _____

Previous Martial Arts Experience Yes _____ No _____

If Yes Where _____

When _____

Duration _____

What Rank Received _____

Belt colors of that style _____

How did you hear about our Martial Arts Ministry

I hereby grant the Trinity Martial Arts leaders permission to Photograph / film the minor designated above in any manner or form for any lawful purpose associated with Trinity Martial Arts with no compensation Signature _____