



# TRIDENT MARTIAL ARTS

## TRIAL REGISTRATION FORM

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ EMAIL ADDRESS #2 (optional) \_\_\_\_\_

CELL PHONE \_\_\_\_\_ ALTERNATE/HOME PHONE (optional) \_\_\_\_\_

EMERGENCY CONTACT/RELATIONSHIP \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

CURRENTLY (OR RECENTLY) TAKING ANY MEDICATIONS THAT MAY AFFECT YOUR TRAINING? YES / NO

PLEASE EXPLAIN \_\_\_\_\_

HAVE YOU TRAINED BEFORE? YES / NO \_\_\_\_\_

WHAT BENEFITS ARE YOU LOOKING FOR FROM THE MARTIAL ARTS? PLEASE CIRCLE OR FILL IN

SELF-DEFENSE FITNESS WEIGHT LOSS FUN DISCIPLINE COMPETITION EXERCISE  
CONFIDENCE SUPPLEMENT JOB SKILLS SELF-IMPROVEMENT OTHER \_\_\_\_\_

HOW DID YOU FIRST LEARN ABOUT OUR ACADEMY? PLEASE CIRCLE or FILL IN AS APPLICABLE

- GOOGLE SEARCH or OTHER WEB SEARCH: What were you searching for? \_\_\_\_\_
- DID YOU VISIT OUR WEBSITE, **TRIDENTMARTIALARTS.COM?** YES / NO
- WALKED/DROVE BY? YES / NO
- HEARD ABOUT FROM FRIEND OR FAMILY MEMBER? \_\_\_\_\_
- OTHER: \_\_\_\_\_
- Find us on Yelp, Facebook or Social Media? Which one/s?

### PLEASE READ, INITIAL AND SIGN BELOW

I understand that only one free trial program or introductory class coupon may be applied per person.  
I understand and agree that the Trident Academy of Martial Arts, Inc. will not be held liable for any injuries, damages, etc., not caused by or resulting from the negligence of the Owners, operators, or persons in charge of such establishment, or the agents, servants, or employees. Initial here \_\_\_\_\_

Student, Parent or Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

<b>STAFF USE ONLY</b>					
TRIAL	CLASS NAME	DATE	TIME	ATTENDED, Y/N	INSTRUCTOR
#1					
#2					
#3					
REFERRED BY / ONLINE FORM / TYPE / CODE			STUDENT PIN:		