

# Student Application

## Elicker Kenpo Karate Academy York Mixed Martial Arts Academy

1800 Loucks Road  
(West Manchester Mall)  
York, Pa. 17408  
Studio Number: 717-767-2087

### Student Application

PLEASE PRINT CLEARLY

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

If Under 18, parent (s) name (s): \_\_\_\_\_

Name/ Phone number of Emergency Contact: \_\_\_\_\_

Are there any health problems that we should be aware of? \_\_\_\_\_

How did you hear about our studio? \_\_\_\_\_

Have you ever studied martial arts before? \_\_\_\_\_

If yes, what style and how long? \_\_\_\_\_

Manager's Approval \_\_\_\_\_

