

Registration  
Master Hans of Texas

Guardian Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_ Id: \_\_\_\_\_

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

Contact Info

Phone	Who Contacts	Notes
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Email	Who Contacts	Notes
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact

Phone	Who Contacts	Notes
_____	_____	_____
_____	_____	_____

Talked to doctor Y / N Notes: \_\_\_\_\_

Medical conditions we should be aware of: Y / N (if Yes, describe on Medical Information sheet)

Students

Name	DOB	Sex	Relationship	Goals*	Start Date	Notes
_____	_____	__	_____	_____	_____	_____
_____	_____	__	_____	_____	_____	_____
_____	_____	__	_____	_____	_____	_____
_____	_____	__	_____	_____	_____	_____
_____	_____	__	_____	_____	_____	_____

\* F: Fitness, BB: Black Belt, A: Artistic, SD: Self Defense, SE: Self Esteem, TC: Tai Chi, S: Sparring, W: Weapons

How did you hear about us: \_\_\_\_\_

Referred by: \_\_\_\_\_

Previous martial arts experience: \_\_\_\_\_  
\_\_\_\_\_