



WALDORF MARTIAL ARTS  
New Student's Needs Analysis

Program of Interest (Check All That Apply)

\_\_\_ Taekwondo \_\_\_ Afterschool Karate  
\_\_\_ Lil' Dragons \_\_\_ Summer Camp

**STUDENT INFORMATION:**

Name of Student: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Additional Students: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

If Student is still in school, what academic school does he/she attend? \_\_\_\_\_

Student's Cell Phone: \_\_\_\_\_ Student's E-mail Address: \_\_\_\_\_

Student's Home Phone: \_\_\_\_\_ Student's Work Phone: \_\_\_\_\_

**If student is 18 or older:** are you? Single: \_\_\_ Married: \_\_\_ Your Occupation: \_\_\_\_\_

**IF MARRIED:** Spouses Name: \_\_\_\_\_ Spouses Cell Phone: \_\_\_\_\_  
For Emergency Use

**PARENT INFORMATION (COMPLETE IF STUDENT IS UNDER 18):**

Mothers Full Name: \_\_\_\_\_ Father's full Name: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Mothers Home Phone: \_\_\_\_\_ Father's Home Phone (if different) : \_\_\_\_\_

Mother's E-Mail: \_\_\_\_\_ Father's E-Mail: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Mother or Father's Address, **if different from student's** – Check One Mother's: \_\_\_ Father's: \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**WAIVER RELEASE**

I hereby agree to participate in the Waldorf Martial Arts Program(s) given by Waldorf Tae Kwon Do Academy, Inc. (the Company), its officers, directors, employees, coordinators, and agents, upon the understanding and agreement that:

1. You represent to us that you (the member) have no mental, physical, or emotional illness that could impair training or that could make training injurious. While every effort will be made on our part to make the classes and facilities safe as possible, you realize that any physical activity has the potential for injury and you waive any claim of accidental and/or negligent tort damage against us and/or any of our principals, officers, or instructors resulting from the activity.
2. I also release the Company from any liability arising from my use of and/or all the equipment provided by the company.
3. I understand I will be responsible for any negligent damage (replacement/repair) to equipment I am using that is owned by the Company.
4. I hereby acknowledge an assumption of risk by accepting and agreeing to allow my child/myself in Waldorf Taekwondo Academy activities.

\_\_\_\_\_  
Student Signature, if 18 years old or older      Parent/Guardian Signature, if student is under 18 years old      Date Signed

## ADVERTISING EFFECTIVENESS

Please help us determine the effectiveness of our advertising by answering the following. **How did you hear about Waldorf Martial Arts?**  
Please, check all that apply.

\_\_\_\_\_ Saw our Building or our Sign/Banner

\_\_\_\_\_ Referred by a Current Student. Who referred you? ➤

Full Name: \_\_\_\_\_

\_\_\_\_\_ Referred by a Former Student. Who referred you? ➤

Full Name: \_\_\_\_\_

\_\_\_\_\_ Web-site, if so, what site? \_\_\_\_\_

\_\_\_\_\_ Internet Search Engine (Google, Safari, Chrome, etc.)? ➤

Which one? \_\_\_\_\_

\_\_\_\_\_ Facebook ad or post

\_\_\_\_\_ Instagram

\_\_\_\_\_ Another Internet? Explain? \_\_\_\_\_

\_\_\_\_\_ Maryland Independent

\_\_\_\_\_ Visited Information Booth, Where? \_\_\_\_\_

\_\_\_\_\_ Gift Certificate, from who? ➤

Full Name: \_\_\_\_\_

\_\_\_\_\_ Sales letter or postcard received in mail from our school.

\_\_\_\_\_ another source not mentioned, please describe below: ➤

\_\_\_\_\_  
\_\_\_\_\_

---

**NEEDS ANALYSIS:** Please complete this section as accurately and completely as possible so that we may determine the student's needs and if we are able to fulfill them.

1. Please describe what you would like to see the student achieve from taking Martial Arts lessons? ➤

2. Are there any particular instances or circumstances that prompted you to look in to Martial Arts lessons for the student? Please Describe: ➤

3. Will the student be living in the area for at least the next 6-12 months? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, how long? \_\_\_\_\_

4. Is the student in good health and with no medical problems? Yes \_\_\_\_\_ No \_\_\_\_\_, Please explain below. ➤

\_\_\_\_\_

5. Is there any reason the student could not attend class an average of at least twice a week? No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, why not? ➤

\_\_\_\_\_

We have a Student Oath that we teach students to live by:

As a dedicated student of the Martial Arts, **1.** I will Live by the Tenets of Taekwondo; Courtesy, Integrity, Perseverance, Self-control, and Indomitable Spirit. **2.** I will Respect my Parents and Instructors; my teachers and fellow students. **3.** I will never misuse Taekwondo. **4.** I will be a champion of freedom and justice. **5.** I will build a more peaceful world.

6. Would the Taekwondo Oath be a tool your family could use at home? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Students will see better progress if they can practice at home twice a week as well as at the academy. Students who DO practice at home improve more quickly and enjoy lessons more. Does the student have a small area to practice Taekwondo at home twice a week for 30 minutes? Yes \_\_\_\_\_ No \_\_\_\_\_

10. If you decide to enroll the student, are *you* willing to support the student with their Taekwondo lessons by:

1. Requiring them to practice at home? Yes \_\_\_\_\_ No \_\_\_\_\_ 3. Staying to watch them while they take class? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Bringing them to class at least twice a week? Yes \_\_\_\_\_ No \_\_\_\_\_ 4. Paying their monthly tuition on time? Yes \_\_\_\_\_ No \_\_\_\_\_