

**COLORADO KICKBOXING AND MMA**  
102 W. BASELINE ROAD, LAFAYETTE, CO.

**ENROLLMENT FORM AND QUESTIONNAIRE**

NAME \_\_\_\_\_ AGE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

PHONE # \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDITIONAL FAMILY MEMBERS \_\_\_\_\_ AGE \_\_\_\_\_

**WHICH PROGRAMS ARE YOU INTERESTED IN?**

\_\_\_\_\_ ADULT KICKBOXING (FITNESS)

\_\_\_\_\_ MUAY THAI

\_\_\_\_\_ MMA (MUAY THAI KICKBOXING, SUBMISSION FIGHTING)

\_\_\_\_\_ KIDS MMA

\_\_\_\_\_ FMA/JKD (S.E. ASIAN KNIFE AND STICK FIGHTING)

\_\_\_\_\_ SELF DEFENSE

\_\_\_\_\_ CHUAN FA KUNG-FU (5 ANIMAL SYSTEM)

DO YOU HAVE ANY PRIOR EXPERIENCE? \_\_\_\_\_

\_\_\_\_\_

WHAT ARE YOUR FITNESS OR MARTIAL ARTS GOALS? \_\_\_\_\_

\_\_\_\_\_

HOW MANY HOURS PER WEEK WOULD YOU LIKE TO TRAIN? \_\_\_\_\_

HAVE YOU EVER HAD HIGH BLOOD PRESSURE OR A HEART CONDITION? IF YES,

PLEASE LIST \_\_\_\_\_

DO YOU HAVE ANY INJURIES OR MEDICAL CONDITIONS THAT COULD AFFECT YOUR TRAINING? E.G., ASTHMA, ARTHRITIS, BONE OR JOINT PROBLEMS, ETC.?

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