



Interview Questions

Contract # _____

Name: _____

Today's Date: _____

Being successful in Koei-Kan requires enthusiasm and perseverance. A key ingredient to accomplish this is to set goals and follow through with them, especially when it comes to showing up. We have found that students who maintain communication with their instructor, beginning with a candid initial interview, are able to maintain a course that fosters growth inside and outside of the dojo. You may call or email your Instructor at anytime.

Please read and answer the following statements, there are no right or wrong answers.

- Y N Interest in learning Self-Defense applications and practice.
- Y N Positive Attitude
- Y N Ready to commit to austere training
- Y N Minimum Commitment of 2-4 hours a week
- Y N Desire to Learn through Japanese Tradition
- Y N Desire to improve self-reliance & responsibility
- Y N Desire to learn strategy.
- Y N Desire to increase mental focus and concentration.
- Y N Desire to improve strength, stamina, endurance, and flexibility.
- Y N Desire to engage in full-contact training
- Y N Desire to improve muscle coordination
- Y N Desire to build character and spirit
- Y N Desire to be part of the Koei-Kan community
- Y N Physical ability to participate in rigorous training
- Y N Ability to fulfill tuition requirements

In your own words, describe why you think you should be accepted as a student of Koei-Kan Karate-Do: (Why do you wish to train? What are your goals?)

Comments or Concerns:





Health History

Contract # _____

Name: _____ Date: _____

Date of Birth: _____ Occupation: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

How often do you exercise and in what ways? _____

Do you wear contact lenses? Y N

Are you currently receiving medical/chiropractic care? Please explain if yes. Y N _____

List current medications, including aspirin, ibuprofen, topical analgesics, etc. _____

Do you take vitamins and/or supplements? Y N

Have you been in a car accident or have you been injured? Y N Please explain if yes. _____

Have you had any surgery? Y N Please explain if yes. _____

Do you suffer from heart, lung or glucose condition? Y N If yes, explain and how is it treated? _____

Do you need to keep any emergency medication at the school, such as insulin, inhaler, etc.? _____

Do you suffer from knee, back or joint pain? Y N Please explain if yes. _____

Have you broken any bones and/or torn any ligaments? Y N Please explain if _____

Please list any medical condition not mentioned above. _____

The Academy of Koei-Kan Karate-Do reserves the right to require a physical exam and written release to train from a medical doctor.

Public Health and Safety Acknowledgement Agreement:

I understand that it is my choice to participate/train in the Koei-Kan Karate-Do system and that the system is mentally, physically and emotionally a rigorous undertaking. I know that I must strive to work within my own abilities. I agree to communicate with an Instructor any time I may feel my physical or mental health is being compromised.

In consideration of others, as well as myself, I will not train within 24 hours of having a fever or with any known infectious conditions and will immediately notify school if needed. In the case of a cut or open wound I will cover it at all times while training.

I have read and answered truthfully all of the questions contained on this health questionnaire. I have stated all medical conditions that I am aware of and will update the Chief Instructor immediately of any changes in my health status.

SIGNATURE: _____ DATE: _____





Tuition Payment Contract

Contract # _____

Billing Information:

Payee Name: _____ Student Name _____

Billing Address: _____

Email: _____ Phone(s) _____

Registration Date: _____ Preferred payment method _____

Program	Contract Type	Visit Frequency	Unit Price	Discount	Tuition
	TERMS: All due prior to 1 st day of month				
Adult/Child/Family	Monthly/Quarterly/Yearly/other				
Adult/Child/Family	Name:				
Adult/Child/Family	Name:				
Adult/Child/Family	Name:				
Total Tuition					

Your next tuition payment of _____ is due prior to the 1st day of _____, 200_____.

I understand that my enrollment is an ongoing contract that may be cancelled with a written two week notice. Payments 3 days past due will be charged an additional \$15.00 late fee. Payments over 30 days past due are subject to Academy of Koei-Kan Karate-Do, Inc. to declare unpaid balance past due sent through a collections process. Koei-Kan Karate-Do, Inc. reserves the right to refuse service and/or rescind membership at any time.

Missed lessons can be made up within 90 days if your tuition is current. Lessons may NOT be accumulated and used in lieu of a monthly tuition payment. Lessons are non-transferable.

I have read the above tuition contract and acknowledge my full understanding and agree to comply.

Payee Signature _____ Date: _____





SPARRING REGULATIONS:

Contract # _____

Equipment requirements- headgear, mouthpiece, gloves, chest protector, groin cup, shin and instep guards. Any and all contact sparring must be done with supervision of instructor.

1. No contact is permitted to the head, face, or neck, except for light contact to the headgear.
2. No contact is permitted to the groin, except for very light or no contact to groin cup.
3. No contact is permitted to the joints, kidneys, and spine.
4. Headgear and mouthpiece are required if head is a legal target.
5. Groin cups for male participants are mandatory.
6. Gloves are required for all contact.
7. Chest protectors are required for novice and intermediate students. It is optional for advanced students except when conducting full contact.
8. Shin and instep guards are required for all contact sparring. It is optional for advanced students except when conducting full contact.
9. All wounds and cuts will be immediately cleaned and bandaged.
10. Fingernails and toenails will be kept trimmed and clean.
11. Student always has the option to participate or not participate in contact sparring.
12. All injuries must be reported to Instructor and an incident report filled out.
13. No malicious or intentionally harmful contact is permitted.
14. No influence of alcohol or drugs permitted.

LIABILITY RELEASE FOR ANY AND ALL CONTACT TRAINING

I, the undersigned, do fully understand that Martial Arts training is an austere discipline. It requires me to commit my mind, body, and spirit to the rules, regulations, and demands of my teacher (Sensei). I, the undersigned, do fully understand that the program of instruction at Academy of Koei-Kan Karate-Do, Inc. includes all types of full contact free-fighting; reverse joint techniques, and a variety of combat. I understand that I have the option to participate or not to participate, and then such participation is entirely at my own risk.

Medical treatment for any injury I may sustain as a result of attending of participation in said contact training shall be my own responsibility. The dojo, (Academy of Koei-Kan Karate-Do, Inc.), shall have no duty to furnish medical treatment, and any rendered will be first aid only, and I consent to such treatment for myself. I will report any/all injuries to the Sensei and fill out an incident report of said injury.

As a condition of acceptance of my application, I assume the risk of and accept full responsibility for any and all damages, injuries, or losses that I may sustain while attending or participating in said training. On behalf of myself and my heirs and personal relatives, I hereby waive and relinquish all claims against Academy of Koei-Kan Karate-Do, Inc., its members, instructors, employees, agents, or other students, individually and otherwise, for any of said damages, injuries, or losses, inclusive of any future psychological or physical pain and suffering claims.

This release is in effect for the duration of my contract with Academy of Koei-Kan Karate-Do, Inc.

I have read and understand the above liability release.

Student Name (please print)

Signature of Individual or Parent (for minors)

Date: _____

