

COLUMBUS NINJUTSU CLUB



Student Application

Name _____ Age _____ D.O.B. ____/____/____

Address _____

City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____

Cell _____ - _____ - _____ Email _____

Emergency Contact _____ Phone _____ - _____ - _____

Do you have any previous martial arts experience? Yes No

If yes, describe: _____

Do you have any physical or mental health problems? Yes No

If yes, describe: _____

Why do you want to train at CNC? _____

Signature _____

Date ____/____/____