



Nokido Ju-Jitsu & Judo Storm Team application

Student Evaluation and Application Form

Name: _____ Age & Date of Birth: _____

Home Telephone: _____ Email: _____

Emergency Contact Name/Tel. #: _____

If Minor: Mother's name/Cell #: _____

Father's name/Tel #: _____

School _____ Grade _____ Teacher's Name: _____

Belt Rank / Size _____ Grade Point Average _____ Attendance Check _____

Please answer the following questions:

Have you ever studied any martial art before? (Circle one) Yes No

If yes where, when, what style and for how long? _____

What do you hope to gain from becoming a Storm Team member? (E.g. self-confidence, fitness, discipline, focus, etc.)

What qualities could you bring to the Storm Team? _____

Why do you want to be a member of the Storm Team? _____

If selected, what days would you be available to come in and help teach class during the week, other than your own class?

Student Signature

Date

Parent/Guardian Signature (if student is under 18 yrs. of age)

Date