



Idaho Self-defense Center, Inc

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Student Information		
Today's Date	Date of Birth	
Last Name	First Name	Middle Initial
E-Mail Address	Sex	Grade
Address		
City	State	Zip
Home Phone	Work Phone	Cell
Parent/Guardian Information		
Last Name	First Name	
Relationship	E-mail	Cell
Address		
City	State	Zip
Home Phone	Work Phone	Cell
Other Emergency Contact		
Name	Relationship	
Home Phone	Work Phone	Cell
Medical Information		
Doctor	Phone	
Dentist	Phone	

Additional Comments

Where did you hear about our school? _____

Please check the benefits you would like to achieve from martial art training at our school.

- | | | |
|--|--|---|
| <input type="checkbox"/> Physical Conditioning | <input type="checkbox"/> Self-Discipline | <input type="checkbox"/> Better Concentration |
| <input type="checkbox"/> Athletic Skills | <input type="checkbox"/> Self-confidence | <input type="checkbox"/> Better Mental Attitude |
| <input type="checkbox"/> Weight Control | <input type="checkbox"/> Temper Control | <input type="checkbox"/> More Energy |
| <input type="checkbox"/> Better Grades | <input type="checkbox"/> Self-esteem | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Respect for others & Self | <input type="checkbox"/> Improve Memory | <input type="checkbox"/> Other _____ |

Office Use Only Google _____ Acct _____ Quickbooks _____ File _____ Uniform Size _____ Belt Size _____
