

New Member Application  
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Pittsburgh Martial Arts & Boxing Academy is a private organization and membership is NOT guaranteed to anyone. Membership can be denied and/or revoked at anytime for any reason. This application is one of several steps that will be used to determine if you and we are a good fit. Feel free to ask any questions you may have about this policy.

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

How were you referred to us? (word of mouth, internet search, flyer, etc.) \_\_\_\_\_

What are you interested in? (circle all that apply)      BOXING      KICKBOXING  
SELF-DEFENSE      FITNESS      COMPETITION      KNOWLEDGE  
WEAPONS TRAINING      PRIVATE LESSONS      GROUND FIGHTING

What is your reason for wanting to join Pittsburgh Martial Arts & Boxing? \_\_\_\_\_

Do you have a criminal record? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

NOTE: A criminal record does not automatically exclude you from membership. Lying does.

Are you able to budget at least \$80 per month for your training? \_\_\_\_\_

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Do you have any previous martial arts training? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

What did you like about your training? \_\_\_\_\_

\_\_\_\_\_

Why did you stop training? \_\_\_\_\_

\_\_\_\_\_

When was the last time you were in a fight or had to defend yourself? \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_

Will you be living in the area (Pittsburgh) for the next year? \_\_\_\_\_

EMERGENCY INFORMATION

Who should be contacted in the event of an emergency? \_\_\_\_\_

What is this person's relation to you? \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Do you have any pre-existing medical conditions or limitations? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Are you allergic to any medications? (if yes, list) \_\_\_\_\_

Do you authorize first aid and/or medical treatment to be given in an emergency? \_\_\_\_\_