

Power of One Self-Defense Institute
Creating Champions in Life!
Black Belt Club Application

Date: _____

Student's Name: _____ Age: _____

Home Phone: _____ Current Rank: _____

Street Address: _____ City: _____

E-mail: _____

Questions for Students

What does Black Belt Excellence mean to you? _____

Have you set the goal of Achieving Black Belt? () Yes () No

What new skills would you like to learn in our Black belt Club Program?

- | | |
|--|--|
| <input type="checkbox"/> Self-Defense | <input type="checkbox"/> Weapons Training |
| <input type="checkbox"/> Grappling | <input type="checkbox"/> Bully Defense |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Sparring |
| <input type="checkbox"/> Traditional Forms | <input type="checkbox"/> Leadership Skills |
| <input type="checkbox"/> Demo Team | <input type="checkbox"/> Instructor Training |

(If student is a child, parents please answer the following questions. Otherwise, please continue.)

What positive benefits have you or your child gained from karate?

Our Black Belt Club program provides student with many additional leadership skills. What Leadership skills do you want to develop in you or your child?

- | | |
|---|---|
| <input type="checkbox"/> Courage to face challenges head-on | <input type="checkbox"/> Conquer fears |
| <input type="checkbox"/> Self-Confidence | <input type="checkbox"/> Character Education |
| <input type="checkbox"/> Self-Control and/or Patience | <input type="checkbox"/> Honesty |
| <input type="checkbox"/> Kindness | <input type="checkbox"/> Respect |
| <input type="checkbox"/> Improved Concentration/ Focus | <input type="checkbox"/> Perseverance through Obstacles |
| <input type="checkbox"/> Time Management | <input type="checkbox"/> Developing a Winning Attitude |
| <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Science of Teaching |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Other _____ |

Are you supportive towards your child's goal to achieve black belt and willing to support this goal over the following years? () Yes () No

Student Signature: _____ Date: _____

Parent/ Guardian Signature (if under 18): _____ Date: _____