



Tri-Star Martial Arts
ACADEMY

"Martial Arts with a Christian Purpose"

Leadership Program Application.
Students 16 and Younger.

Student Name: _____

Age: _____ Sex: _____ Grade in School: _____

Responsible Parties:

_____ Relationship _____
_____ Relationship _____
_____ Relationship _____

Parents & Responsible Parties Only:

Please review and complete honestly:

Attend all Intramural Tournaments (an average of 4 per year:) and other significant TMA Events:

[] Yes [] No

Insure attendance in at least 100 classes per year
(An average of 2 classes per week X 50 weeks)

[] Yes [] No

Support your Tri-Star Martial Arts school and help expand our student base [] Yes [] No

Are you willing to support our requirements for "Role Model" Responsibilities in the following areas:

Are you willing to enforce Tri-Star Martial Arts Grooming Standards while in a "Leadership Role?"

[] Yes [] No

Are you willing to enforce behavioral standards equal to the leadership role your child will be accepted into at Tri-Star Martial Arts Academy?

[] Yes [] No

Are you willing to enforce healthy behaviors including boycott on underage drinking, smoking and other drug use?

[] Yes [] No

Are you willing to support our efforts for Excellence in Academics?

[] Yes [] No

Are you willing to support our efforts for personal development through personal leadership and group leadership training – including written and audio tape support materials?

[] Yes [] No

Commitment and Participation:

Are you willing to insure attendance at 80% or more of Leadership classes?
(Held once per month with the Master's Leadership Team)

[] Yes [] No

Are you willing to commit to consistent attendance through 2nd Degree Black Belt.

[] Yes [] No

Has your child been diagnosed with any medical condition that would affect their ability to physically attain mastery in Martial Arts?

[] Yes [] No

If yes – please explain. Attach Separate Sheet if Necessary:

Has your child been diagnosed with any of the following:

ADD or ADHD Yes No

Bi-Polar Yes No

Is your child on any Medications? Yes No

If yes, What _____

Does your child have any other Emotional or Mental Conditions? Yes No

If yes, Please explain – attach separate sheet if necessary.

Is there any history of physical or mental abuse? Yes No

If so, please explain – attach separate sheet if necessary

Does your child have any history of disciplinary problems at school? Yes No

Has your child ever encountered legal difficulties? Yes No

Has your child used any of the following substances:

Alcohol Yes No

Illegal Drugs Yes No

Inhalants Yes No

Cigarettes Yes No

If so, Please explain any treatment history.

Tri-Star Martial Arts Instructor Use Only.

Primary Instructor Evaluating: _____

Accepted to: Master Club Leadership Staff Training
 Re Evaluation in 2 Months Rejected

Attributes & Abilities	Superior	Excellent	Good	Fair	Poor	Unable to Rate
Physical Effort in Class						
Attitude in Class						
Martial Arts Respect Displayed in Class						
Physical Aptitude for Black Belt and Beyond						
Maturity Relative to Age						
Self Motivation						
Participation:						
Class 2 + Times Per Week						
Intramural Tournaments						
Seminars or Other Events						
External Success:						
Achievement in School						
Behavior at Home						
Leadership Exhibited						

Instructor Commitment:

Are you willing to work with and guarantee that this student will receive at least a 2nd Degree Black Belt upon completion of all requirements and classroom attendance?

Yes No Unsure.

I am willing to work with this student to achieve a high level of "leadership and teaching skills?"

Yes No Unsure.

Child's Commitment:

In your conversations with this applicant has he or she expressed a sincere desire to achieve a Black Belt and to be a leader and role model in our school? Yes No Unsure

Teacher Recommendation:

Name _____ is applying to train to Black Belt and possibly be accepted into a leadership role at Tri-Star Martial Arts Academy.

We would appreciate your recommendation and evaluation.

Attributes & Abilities	Superior	Excellent	Good	Fair	Poor	Unable to Rate
Respect for Teachers:						
Polite in Class						
Respectful of Rules and Deadlines						
Respect for Classmates:						
Cooperates with Classmates						
Respectful of Peers						
Role Model						
Carries self with appropriate respect and consideration						
Academic Aptitude						
Verbal Skills						
Reading Skills						

I personally recommend this student for training in leadership and speaking skills:

Yes No Unsure.

I personally recommend this child as a potential role model Martial Artist:

Yes No Unsure.

I recommend the parents.

A. I believe that they will effectively support their child's development

Yes No Unsure.

B. I believe that they model appropriate behaviors for their child.

Yes No Unsure.

Has the child had any consistent disciplinary problems that you are aware of at school?

Yes No Unsure.

If yes, please explain.

Please rate the child on the following:

Attributes & Abilities	Superior	Excellent	Good	Fair	Poor	Unable to Rate
Classroom Participation						
Homework Completion						
Homework Grades						
Other Assignments						
Grade on Quizzes and Tests						
Attendance						
Personal Responsibility						
"No Excuses"						
"Does it the First Time"						

Any other feedback that we should consider?

Teacher: _____

Signature: _____

Phone & Email Address: _____

School: _____

Grade/Class: _____

May we contact you if we have additional questions?

Yes No