



Participant Application Packet

(Please Print Legibly)

Youth's Name (Last):			First:		Middle:	
School/District:			Municipality and County of Residence:			
Height:	Weight:	Eye Color:	D.O.B.		Gender (Circle One):	
					Male	Female
Ethnicity (Check One or Specify other):						
African American:		White:	Hispanic:	Asian:	Other:	
Father's Name:			Father's Address:			
D.O.B.	Home Phone:		Work Phone:		Mobile Phone:	
	() -	() -	() -		() -	
Mother's Name:			Mother's Address:			
D.O.B.	Home Phone:		Work Phone:		Mobile Phone:	
	() -	() -	() -		() -	
Step Father's Name:			Step Father's Address:			
Step Mother's Name:			Step Mother's Address:			
Youth Living With (Check One or Specify Other):						
Father:		Mother:	Stepfather:	Stepmother:	Other:	

From 1-10, (1 = lowest, 10 = highest) please rate your child's school and home performance.

Academic Performance		Family Support		Parental Respect	
Peer Relations		Self Esteem		Discipline	

How would you like the Cave of Adullam to benefit your son (one sentence)?

Parent's/Guardian's Signature

____/____/____
Date



Waiver of Liability
(Please Print Legibly)

Student's Name: _____

I Parent/Guardian _____ give permission for student _____ to participate in The Cave of Adullam faith and principle based male character strengthening system. Although this program is mentoring focused, I agree and understand that martial arts training or strenuous exercise can be hazardous to some individuals and may result in injury or even death to the student or other students. Parent/Guardian and student further understands and agrees that all use of martial arts training equipment and conditioning aids shall be at the student's sole risk. Notwithstanding, any consultation on martial arts training which may be provided by The Yuinon Inc., The Cave of Adullam, its' instructors, it is hereby understood that the parent/guardian and student agrees, submits and adheres to the selection of training methods, materials, philosophies and types of equipment used in The Cave of Adullam principle based character strengthening system.

Parent/Guardian and student further agrees that in consideration for permission to train in The Cave of Adullam principle based character strengthening system, the parent/guardian and student assumes all risks of injury incurred or suffered while on and/or upon the premises of the International Institute and releases and agrees not to sue the International Institute, The Yuinon Inc., The Cave of Adullam and/or its instructors, agents, employees, servants, associations, contractors, or anyone connected with The Yuinon Inc., The Cave of Adullam or the International Institute for any claim, damage, costs, or cause of action which student has or may have in the future as a result of injuries or damages sustained or incurred while training in The Cave of Adullam on and/or upon the premises of the International Institute. The Parent/Guardian and student also concur that the student has no pre-existing medical restrictions and is in good health.

I have read these terms, understand them, and agree to abide by them.

Parent's / Guardian's Name (Printed)

Date

Parent's / Guardian's Name



Visual/Audio Image Release Form

I grant permission to The Yuinon Inc., the Cave of Adullam and its employees and agents, to take and use visual/audio images of my child _____ . Visual and audio images are any type of recording, including photographs (class picture, training, field trips, etc.), digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. The Yuinon Inc., the Cave of Adullam and its employees and agents will not materially alter the original images. I agree that The Yuinon Inc., the Cave of Adullam and its employees and agents owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as The Yuinon Inc. and the Cave of Adullam sponsored events, The Yuinon Inc. and the Cave of Adullam websites, publications, promotions, broadcasts, advertisements, posters, brochures and theater slides. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I release The Yuinon Inc., the Cave of Adullam and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images. I have read this release before signing. I understand its content, and I freely accept the terms.

Parent's / Guardian's Name (Printed)

Date

Parent's / Guardian's Signature

(_____) _____ - _____
Home Phone

(_____) _____ - _____
Cell Phone

**QUESTIONNAIRE: The next (3) three pages are to be filled out by the potential student
(Print Legibly)**

1. Are you a Christian? If so, what year did you surrender your life to Christ and did you get baptized?

2. Do you read the bible? If so, how often? If not, why?

3. Why are you interested in the Cave of Adullam?

4. Have you ever studied a martial art? If so, please name the martial art.

5. How much of an influence do you have on your peers?

6. Circle the areas in your life that you need help with and please explain why.

Lack of Focus

Anger

Absent Father

Low Self Esteem

Fear

ADHD Symptoms

Bullying

7. List three words that you would use to describe yourself?

1. _____ 2. _____ 3. _____

8. List three words that your family or peers would use to describe you?

1. _____ 2. _____ 3. _____

9. Does your biological father live with you? If not, how often do you see him?

10. What is your expectation from being enrolled in the Cave of Adullam?

Circle 9 of the emotions that you currently experience daily. Then answer below why you believe you feel these emotions.

SPIRITUAL EVALUATION CHART

Anger	Love	Jealousy	Joy	Depression
Peace	Hostility	Patience	Anxiety	Kindness
Argumentative	Goodness	Hate	Faithfulness	Envy
Gentleness	Fits of Rage	Self-Control	Sexual Desires	Fear

Please read each statement carefully. If the statement is true for you most of the time, then place an **X** in the 'Strongly Agree' box. If the statement is true for you some of the time, place an **X** in the 'Agree' box. If the statement is false for you some of the time, then place an **X** in the 'Disagree' box. If the statement is false for you most of the time, then place an **X** in the 'Strongly Disagree' box. Your answers will not be shared with your parent/guardian. Thank you.

	Questions	Strongly Agree	Agree	Disagree	Strongly Disagree
1	It's difficult for me to remain still.				
2	I have a quick temper.				
3	I have a difficulty being quiet or relaxing.				
4	I do not understand why God created me. (I do not understand my purpose)				
5	I am easily distracted.				
6	I often make careless mistakes.				
8	It's difficult for me to pay attention to details.				
9	I do not understand the bible.				
10	I have difficulty remembering and following instructions.				
11	I am scared to die.				
12	I feel like a loser in life.				
13	I am easily intimidated by my peers.				
14	I have a difficulty saying "no".				

Participant's Signature

____/____/____
Date

Participant's Name (Print)

____/____/____
Date