

# Leadership Program Application.

Students 16 and Younger.

Student Name	9:	
Age:	Sex:	Grade in School:
Responsible F	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	nd other significant MHK Events: [ ] Yes [ ] No [ ] Yes [ ] No			her significant MHK Events					
	]	]	Yes	[	]	No			
<u>Insure attendance</u> in at least 100 classes per year (An average of 2 classes per week X 50 weeks)	[	]	Yes	[	]	No			
Support your MHK 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 <u>MHK Grooming Standards</u> while in a "Leadership Role?"

[ ] Yes [ ] No

Are you willing to enforce <u>behavioral standards</u> equal to the leadership n into at Mile High Karate?	ole y	our	child v	will b	e ac	ccepted
	[	]	Yes	[	]	No
Are you willing to enforce <u>healthy behaviors</u> including boycott on under drug use?	age o [		ting, si Yes		-	and other No
Are you willing to support our efforts for Excellence in Academics?	[	]	Yes	[	]	No
Are you willing to support our efforts for <u>personal development</u> through leadership training – including written and audio tape support materials?	-	onal	leader	rship	and	group
	[	]	Yes	[	]	No
Commitment and Participation:						
Are you willing to insure attendance at 80% or more of <u>Leadership class</u> (Held once per month with the Master's Leadership Team)	es?					
(Tread Shee per month whit the traded of Leadership Team)	[	]	Yes	[	]	No
Are you willing to commit to consistent attendance through 2 <sup>nd</sup> Degree I	Black	Bel	t.			
	[	]	Yes	[	]	No
Has your child been diagnosed with any medical condition that would at attain mastery in Martial Arts?	ffect	their	abilit	y to p	phys	sically
		]	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	If y	ves,	med	lica	tions	s							
Bi-Polar	[	]	Yes	[	]	No													
Is your child on any l	Medi	cati	ons?			[	] Ye	S	[	]	No								
If yes, What																			
Does your child have	any	oth	er Emo	tiona	l o	r Mer	ntal Co	ondi	tion	s?			[	]	Yes	[	]	No	
If yes, Please explain	— atí	tach	separa	te sh	eet	if neo	cessar	y.											
Is there any history o	f phy	sica	al or me	ental	ab	use?	[	]	Yes	5	[	]	No						
If so, please explain -	- atta	ich s	separate	e she	et i	if nece	essary												
Does your child have	any	hist	ory of	disci	pliı	nary p	proble	ms a	at sc	hoo	ol?		[	]	Yes	[	]	No	
					~		0		F	-	• •		F	-					
Has your child ever e	ncou	inte	red lega	al dif	fic	ulties	?		[	]	Yes	8	[	]	No				
Has your child used a	ıny o	f th	e follov	ving	sul	bstanc	ces:												
Alcohol	[	]	Yes	[	]	No													

L	res	L	] INO
[	] Yes	[	] No
[	] Yes	[	] No
[	] Yes	[	] No
	[ [ [	[ ] Yes [ ] Yes	[ ] Yes [ [ ] Yes [

If so, Please explain any treatment history.

Attributes & Abilities	Superior	Excellent	Good	Fair	Poor	Unable to Rate
Home Environment						
Contribution to Household Chores						
"Do it the First Time"						
Respectful Behavior						
Honesty						
School:						
Achievement in School						
Aptitude Academically						
Cooperativeness with Teachers						
Friends and Peers:						
Socially Adept						
Honesty						

#### Please rate your child in the following areas:

## Please Rate your Family Priorities from the Mile High Karate Program:

Attributes & Abilities	Highest	High	Low	Lowest
Self Defense Capabilities				
Athletic Achievement				
Academic Achievement				
Personal Confidence				
Character				

As a parent or responsible party are you willing to commit to all requirements to insure that your child achieves Black Belt and Beyond? I respectfully request my child's consideration for the Mile High Karate leadership program. If not accepted for Leadership – I request acceptance into Black Belt training via Master-Club.

[ ]	Yes [	] No.	Signed:
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Signed:

Student:

I want to be considered to for Black Belt as a member of the "Leadership Team" and am willing to commit to consistent training and positive attitude during my training. [] Yes [] No.

Signed:\_\_\_\_\_

Please attach current school report and any other supporting documentation (ie. Scout Achievement other awards or recommendations.)

## Mile High Karate Instructor Use Only.

Primary Instructor Evalua	ting:									
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 2<sup>nd</sup> 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

# To student and parents.

Please understand that the Leadership Program is highly selective and subject to unanimous approval by – your school's Instructor – and, Branch Manager as well as the MHK Leadership Council and Finally by Chief Master Instructor Stephen Oliver.

If your application is not approved for acceptance into the Leadership Program – you may be accepted into our Master-Club program which is also a path to Black Belt and beyond without the additional Leadership, Teaching, and Mentorship components of the Leadership Program.

School Use Only:											
Approved by Head Instructor? Approved by Branch Manager?	[ ] Yes [ ] Yes	[ ] No [ ] No									
If both Yes:											
Approved by Master Instructor - Leader Approved by Chief Master Stephen Oliv	[ ] Yes [ [ ] Yes [	] No ] No									
Final Approval to:											
[ ] Reevaluation in the Future:	[ ] Next Belt	[ ] 6 Months									
[ ] Master Club Only.											
[ ] Leadership Program	Date										

## Acknowledged by:

Student

Parent

Appointment for Follow-Up Conference set for:\_\_\_\_\_



# **Teacher Recommendation:**

Name\_\_\_\_\_\_ is applying to train to Black Belt and possibly be accepted into a leadership role at Mile High Karate.

## We would appreciate your recommendation and evaluation.

Attributes & Abilities	Superior	Excellent	Good	Fair	Poor	Unable to Rate
<b>Respect for Teachers:</b>						
Polite in Class						
Respectful of Rules and Deadlines						
<b>Respect for Classmates:</b>						
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? (feel free to attach separate sheet of paper)

Teacher:				
Signature:				
Phone or Email Address				
School:				
Grade/Class				
May we contact you if we have additional questions?	[	] Yes	[	] No
You may contact us at:				
Instructor;				