



Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_ Occupation/School: \_\_\_\_\_

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Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_ Occupation/School: \_\_\_\_\_

\*\*Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Parent #1 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent #2 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact (other than parent)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Has anyone registering taken martial arts before if so what and what rank:

\_\_\_\_\_

Reasons why you are interested in TaeKwonDo: Please circle all that apply

Coordination   Concentration   Confidence   Self-Esteem   Fitness   Self-Defense   Stress Relief  
Self-Discipline   Black Belt   Having Fun   Other: \_\_\_\_\_

Is there anything that we need to know medical or otherwise that could impact the student's training?

Please describe in detail: \_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of student or parent if student is under the age of 18: \_\_\_\_\_

Please fill out the release of liability waiver