



Student First Name: _____ Last Name: _____

Date of Birth (MM/DD/YYYY: _____ Age: _____ Occupation/School: _____

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**Phone #: _____ Email: _____

Address: _____

Parent #1 First Name: _____ Last Name: _____ Cell: _____

Parent #2 First Name: _____ Last Name: _____ Cell: _____

Emergency Contact (other than parent)

Name: _____ Cell: _____ Relationship: _____

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? _____

_____(initial here) I agree to pay \$90 for the 6 weeks trial starting on _____(date). \$10 discount per additional students

Name (Print): _____ Date: _____

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

Please fill out the release of liability waiver