

Tae Kwon Karate Center
Application



Student Name: _____ Last Name: _____

Address: _____ City: _____ Zip code: _____

Date of Birth: ____ / ____ / ____.

Phone Number: (____) _____ Email: _____

Emergency Contact Phone Number: (____) _____

Occupation: _____

Weight: _____ Height: _____

Physical or Mental Limitation: _____

Previous Martial Arts Experience: _____

Style: _____ Numbers of years: _____ Rank: _____

I do hereby voluntarily submit my application to enroll in Taekwon-Karate for self-defense and physical fitness. I fully understand the class requires my strong physical and mental discipline, great patience, and hard exercise. I agree to waive all claims against Taekwondo Karate Center, the instructor, or any other person connected with the activities of the class.

APPLICANT'S OR LEGAL GUARDIAN'S SIGNATURE:

Date: ____ / ____ / ____

Instructor's Acceptance or Comments:

