

Stevens Family Tae Kwon Do

Student Registration Form

Name _____ Age _____ (Guardian) _____

Address _____ City _____ ZIP _____

Home Phone _____ Other Phone _____

Birthday _____ School/Grade (If Applicable) _____

Occupation Position _____ How Long _____ Work Phone _____

Have you ever studied Martial Arts before? Yes No

If yes, what type? _____ What rank did you achieve? _____

Why do you wish to study Martial Arts? _____

Tell us how you found Stevens Family Taekwondo (please check appropriate box):

Advertisement Phone Book Drive By Mailer

Internet: Search Engine SFTKD School Website Facebook Gift

Referral By _____

Other Please describe _____

Email address _____

I certify that this information is true and correct to the best of my knowledge. I also understand that the Taekwondo activities that I will be engaging in involve physical contact and risk of injury. In recognition of this, I agree to assume all risk of injury and any consequences there-from and waive any claim that I might have against Stevens Family Taekwondo. And/or its employees for injuries arising out of the martial arts activities, I further agree that upon joining these Taekwondo Academies, I will abide by all rules and regulation and to the best of my ability will bring honor and esteem to the art of Taekwondo.

Signature _____ Date _____

If student is a minor, signatory's relationship to minor _____

Please list any medical information that we should know about below:

Emergency Contact _____

Name: _____ Phone: _____

Relationship to Student _____

