



KIM'S CHAMPION TAEKWONDO

TRIAL CLASS AND STARTER PROGRAM REGISTRATION



**Name of parent/
Applicant** _____
 Address _____
 City _____ Zip _____
 Phone (H) _____
 Employer _____
 Phone (Wk) _____
 Position _____ How long? _____
 E-mail _____ DOB _____

Applicant's Name(s)
 1 _____
 DOB _____ Age _____ M/F _____
 2 _____
 DOB _____ Age _____ M/F _____
 3 _____
 DOB _____ Age _____ M/F _____

Prior martial arts experience? Y/N _____
 How long? _____ Style _____

Any medical problems? Y/N _____
 If yes, specify _____

What are your reasons for taking martial arts?
 Self- Defense Self-Discipline
 Self-Confidence Family Activity
 Recreation ADHD
 Physical Conditioning Weight control
 Other (specify) _____

How did you hear about our program?
 Newspaper Sign Passing by
 Yellow Pages Coupon TV Ads
 Flyers Radio Internet
 Member _____

Which one of your friends would you like to invite for a FREE Trial Class?
 Name: _____
 Phone # _____

Student/Parent Responsibilities

- I agree to follow instructions and understand that Kim's Champion Taekwondo, its Instructors and its staff are not liable for any personal damages, losses, or injuries during my training sessions.
- **I WARRANT THAT I AM PHYSICALLY AND MENTALLY FIT AND NOT SUFFERING FROM ANY DISABILITY OR ILLNESS THAT WOULD RENDER IT UNSAFE FOR ME TO TAKE CLASSES OFFERED BY THE SCHOOL.**
- I understand that my Starter Program may involve rigorous exercise and contact with other students and instructors.
- I will not use the knowledge from Kim's Champion Taekwondo except to protect the honor or well-being of myself and others.
- I, the undersigned, upon being permitted to join KCT, will obey the rules and regulations and conduct myself in such a way as to never bring disgrace upon Kim's Champion Taekwondo.
- I, the undersigned, act as a parent or legal guardian for the above applicant(s) and fully understand the responsibilities.
- I understand KCT will retain this application whether or not it is approved and authorize KCT to verify the above information

Trial Student's / Parent's
 Signature _____ Date: _____

I have answered the above questions completely and understand that
\$ _____ paid is for the Starter Program for _____ Classes.
 Applicant's Signature _____ Date: _____

To be completed by Staff:
 APPROVED BY: _____ START DATE _____ EXP. DATE _____

Attn. Card w/ picture	ACT ____/____/____	Letter ____/____/____	Orientation ____/____/____	Evaluation ____/____/____	Conference ____/____/____	Off. Letter ____/____/____	Record/Filed ____/____/____
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