

# Enrollment Application

Applicant's Name: \_\_\_\_\_

Parent's Name (If Minor): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ 2nd # \_\_\_\_\_ Birthday \_\_\_\_\_

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

Any previous Martial Arts Training? \_\_\_\_\_ If yes, please indicate which style of Martial Art, what Belt Rank you earned and are you actively training in that style. \_\_\_\_\_

Why do you wish to Learn Taekwondo?

- 1. Self Defense \_\_\_\_\_
- 2. Physical Fitness \_\_\_\_\_
- 3. Self Discipline \_\_\_\_\_
- 4. Family Activity \_\_\_\_\_
- 5. Self Confidence \_\_\_\_\_
- 6. Idle Curiosity \_\_\_\_\_
- 7. Other \_\_\_\_\_



Does the Applicant have any physical or learning limitations that the Instructors should be aware. (confidential)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signage \_\_\_\_\_ Flyer or Ad \_\_\_\_\_ Walk by \_\_\_\_\_ Referral \_\_\_\_\_ by \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature - Parent or Guardian in Applicant is under 18 yrs. Old \_\_\_\_\_