



TAE KWONDO SUMMER PROGRAM

Student's name: _____ Gender: M / F

Age: _____ DOB: _____ Height: _____ Weight: _____

New student / Returning student Grade Level: _____

Student Address: _____

Phone: _____ Alternate phone: _____

Any medical conditions: _____

Parent / Guardian: _____

Address of Parent / Guardian: _____

E-Mail 1 _____

E-Mail 2 _____

I certify that all above information is correct to the best of my knowledge

Printed name of parent / guardian _____

Signature of parent / guardian _____ Date: _____

The Summer program this year has a one time cost of \$150.00, which includes registration fees and a uniform, in addition to two classes per week. Fee must be paid PRIOR to your child beginning classes. Checks may be made out to Stacy Wright. Paperwork and payment may be left in the OSL office.

PLEASE NOTE YOU ARE REQUIRED TO SIGN A WAIVER BEFORE YOUR CHILD MAY BEGIN CLASS.