



TAE KWONDO REGISTRATION

Student's Name _____ Gender: M / F

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

Grade Level: _____ Teacher: _____

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 _____ Date _____

Signature of parent / guardian _____

Please pay the \$75.00 registration fee now. There is a monthly fee of \$100.00 due at the beginning of each month for classes. You may combine your first month fee and the registration fee at this time. Please pay for each months classes during the first week of each month. Checks may be made out to Stacy Wright.

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