

Sheroan's Tae Kwon Do, LLC Enrollment Application

1811 North Dixie Ave. Ste.115 ~ Elizabethtown, Ky. 42701

Please Print or Type

| | | | |
|----------------|-----------|------------|-----------------------|
| Name | Last Name | First Name | Middle Name / Initial |
| Address | Street | | Apt # |
| | City | State | Zip Code |

| | | | | |
|----------------------|--|------------|-------------------------------|---------------------------------|
| Date of Birth | | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|----------------------|--|------------|-------------------------------|---------------------------------|

| | | | | |
|---------------------------|--|------------------------------|------------------------------|-----------------------------|
| Home Phone | | Previous Martial Arts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emergency Phone | | Style | | |
| Work Phone | | Rank Achieved | | |
| Doctor's Name | | Doctor's Phone | | |
| Physical Condition | | | | |

| | |
|----------------------|--|
| Email Address | |
|----------------------|--|

| | | | |
|----------------------|--|-----------------------|--|
| Father's Name | | Father's Phone | |
| Mother's Name | | Mother's Phone | |

| | | | |
|---------------------|--|--------------------------|-------------------|
| Bill To: | | <input type="checkbox"/> | Tae Kwon Do |
| | | <input type="checkbox"/> | Little Dragon |
| Today's Date | | <input type="checkbox"/> | Cardio Kickboxing |

* Please check the way you heard of us.

| | | | | | | | | |
|-----------------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|---------------------------------|--------------------------|--------------------------------|--|
| How did you hear about us? | <input type="checkbox"/> Ad | <input type="checkbox"/> | <input type="checkbox"/> TV | <input type="checkbox"/> | <input type="checkbox"/> Friend | <input type="checkbox"/> | <input type="checkbox"/> Other | |
|-----------------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|---------------------------------|--------------------------|--------------------------------|--|

I, the undersigned, hereby submit by application for registration. I agree to waive all claims against any persons, schools, or associations for any injuries I may sustain and likewise assume full responsibility for all my actions in connection with Tae Kwon Do or Self Defense Classes.

I clearly understand that the fighting aspect of this sport and competition does involve bodily contact. I have read, understand and agree to abide by the rules associated with this class and any event I may attend. I assume all responsibility and any associated liability for infringement of such rules. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to participate.

I also give permission to see that first aid is provided, should an accident happen, and parent or guardian, if under 18, cannot be reached.

The undersigned hereby certifies that I/we have read and understand the contents of the Release and that we are signing this willingly, without coercion or undue influence.

Signed _____
(Student)

Signed _____
(Parent or Guardian if under 18 years of age)