



PERSONAL INFORMATION:

Name: First _____ Last _____

D.O.B: _____ Age: _____ Gender: Male Female

Address: Street _____

City _____ Zip _____

Phone: (Home): _____ (Cell or Work): _____

Occupation: _____ If attending school, academic year: _____

E-mail address: _____

QUESTIONNAIRE:

1. Have you ever taken martial arts instruction? Yes No
If yes, please provide the name of the school & instructor: _____
2. What is your GOAL in learning Tae Kwon Do?
 Concentration Respect Self-esteem Meet new friends
 Confidence Leadership Hobby Weight Loss
 Self-defense Olympic Dream To become a instructor Other: _____
3. Do you have any physical limitations? Yes No
If yes, please explain: _____
4. What other activities are you currently involved in?

5. How did you come to JK Tae Kwon Do School?
 Flyers Paper Ads Soccer Dome Friend (Name: _____) Other _____
6. What days would you like to attend?
Days: Monday Tuesday Wednesday Thursday Friday Saturday

Hours: _____
7. Would you like to learn weapons? Yes No

The practice of Tae Kwon Do is a strenuous and potentially dangerous activity. At all classes, practice sessions and events conducted by the school, reasonable care is taken to prevent serious injuries and to minimize accidents, and it is required that students obey the rules and regulations of the school. No person is allowed to practice free sparring until s/he has been approved by the instructor. Recognizing that the strenuous nature of this activity involves risk of injury, I agree to hold the school, its officers, instructors, guests, and members free and harmless from any liability or damages arising from injuries or death suffered while engaged in observation, instruction, practice, or competition at JK Tae Kwon Do Academy or related events such as exhibitions or competitions whether at the school or elsewhere.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT.

Dated: _____ Student Signature: _____

Parent/Guardian's Signature if student is under 18 yrs old: _____