

## Sheroan's Tae Kwon Do Academy, LLC Enrollment Application

1111 North Dixie Ave. Suite 1 ~ Elizabethtown, Ky. 42701

Please Print or Type

<b>Name</b>	Last Name	First Name	Middle Name / Initial
<b>Address</b>	Street		Apt #
	City	State	Zip Code

Date of Birth		<b>Sex</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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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	
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Father's Name		Father's Phone	
Mother's Name		Mother's Phone	

Free Introduction Class (no obligation to sign up)			<b>Class</b>	<input type="checkbox"/>	Tae Kwon Do
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date: _____		<input type="checkbox"/>	Little Dragon

How did you hear about us?	Ad		TV		Friend		Other	
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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)

Date \_\_\_\_\_