



WHITE FANG TAEKWON-DO
STUDENT REGISTRATION FORM

Date: _____

First Name: _____ Last Name: _____

Birth Date: _____ (Day / Month / Year)

Address: _____

City: _____ Province: _____ Postal Code: _____

Cell Phone Number: _____ Home Phone Number: _____

Primary Email Address: _____

Secondary Email Address: _____ (Optional)

Emergency Contact List:

First Name: _____ Last Name: _____

Relationship to Student: _____

Cell Number: _____ Home Number: _____

First Name: _____ Last Name: _____

Relationship to Student: _____

Cell Number: _____ Home Number: _____