★ LEGACY TAEKWONDO ACADEMY ★ 태권도

United States Chung Do Kwan Association

www.LegacyTaekwondoAcademy.com 407-853-2575

Senior Instructor: Chief Instructor Katie Noland, 3rd Degree Black Belt Co-Senior Instructor: Chief Instructor Landon Noland, 3rd Degree Black Belt

Enrollment Application Form

| Date | | | | |
|--|--------------------------------|------------------|-------------------|------------------|
| Name: Last | First: | MI | _ Age | D.O.B |
| Address | City | Sta | ate | Zip |
| Phone Number | Email | Address | | |
| Emergency Contact Person | | Emergency Pho | one Number _ | |
| PREVIOUS TRAINING: | | | | |
| | | | | |
| HEALTH STATEMENT: Please list any health conditi | ions or limitations you may ha | ve. | | |
| | | | | |
| WHAT GOALS WOULD YOU | LIKE TO ACHIEVE THROUGH | YOUR MARTIAL ART | <u>S TRAINING</u> | IN THIS PROGRAM? |
| | | | | |
| | | | | |
| | | | | |