



GRANDMASTER H.K. LEE ACADEMY OF TAE KWON DO

Your information will help us to best serve you. Please write clearly. Thank You!

Date: _____

1. Parent/Guardian: _____
Student Name: _____ DOB: _____ Gender: M F
Student Name: _____ DOB: _____ Gender: M F
2. Address: _____
3. Phone: _____ Alt Phone: _____
4. Email: _____
5. How did you hear about us?: Referral Web Search Vehicle Sign Special Event Flyer
 Other: _____
6. Help us understand your top 3 goals in taking Martial Arts:
___ Self Defense ___ Discipline ___ Concentration ___ Confidence ___ Weight Loss
___ Coordination ___ Sport ___ Culture ___ Stress Relief ___ Strength
___ Self Respect ___ Self Control ___ Education ___ Flexibility ___ Endurance
___ Other: _____
7. Would you like to take a Trial lesson? If Yes - I understand that lessons are taken at individual's own risk and I agree to indemnify and save harmless H.K. Lee TaeKwonDo, owner, staff and agents: _____
8. Please note any special considerations:
