

## Traditional Korean Martial Arts Academy ENROLLMENT AGREEMENT & SIGN UP FORM

STUDENT INFORMATION							
I am 18 years of age or older: YES 🗆 🛚	NO 🗆		Male $\square$	Female 🗌 Age:		Birth Date:	
Legal parent or guardian must sign for students under 18 years old.			Uniform Size	: Belt Si	ze: He	OPTIONAL ight:	Weight: OPTIONAL
Student's Name: FIRST			LAST	,	•		M.I.
Address:	City:		State:	Zip Code:	P	hone:	
Parent/Guardian Name: FIRST			LAST				M.I.
Address: If different than above	City:		State:	Zip Code:	P	hone:	
Parent/Guardian Relationship to Student: Email:							
mergency Contact Name: Relationship			to Student:	Cell Phone:			
Past Martial Arts Experience YES□ NO□ If Yes, Explain:							
Please list and explain any special physical or mental conditions the student may have, or special conditions requested:							
What would you and your family wish to achieve by attending Traditional Korean Martial Arts Academy?							
Self defense training.	ion. Self esteem.						
Gain confidence. Gain discipline.							
Build character.							
Other.							
Adult Student or Above Listed Parent/Guardian Printed Name:							
Adult Student or Above Listed Parent/Guardian Signature:						Date:	
FINANCIAL INFORMATION							
Credit Card   Cardholder's Name:	9		_	Account ame:			
Credit Card #						Code:	
Account # Routing #							

## **COLORADO**

Traditional Korean Martial Arts Academy of Colorado RockyMountainKicks.com





## **WISCONSIN**

Traditional Korean Martial Arts Academy of Clintonville **ClintonvilleKicks.com** 

N10155 Henn Road, Clintonville, WI 54929

Steve@ClintonvilleKicks.com • 720-378-3000