



Traditional Korean Martial Arts Academy

ENROLLMENT AGREEMENT & SIGN UP FORM

STUDENT INFORMATION

I am 18 years of age or older: YES <input type="checkbox"/> NO <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>	Age:	Birth Date:
Legal parent or guardian must sign for students under 18 years old.		Uniform Size:	Belt Size:	Height: <small>OPTIONAL</small> Weight: <small>OPTIONAL</small>
Student's Name: FIRST		LAST		M.I.
Address:		City:	State:	Zip Code: Phone:
Parent/Guardian Name: FIRST		LAST		M.I.
Address: <small>If different than above</small>		City:	State:	Zip Code: Phone:
Parent/Guardian Relationship to Student:			Email:	
Emergency Contact Name:		Relationship to Student:		Cell Phone:
Past Martial Arts Experience YES <input type="checkbox"/> NO <input type="checkbox"/> 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?

- | | | |
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| <input type="checkbox"/> Self defense training. | <input type="checkbox"/> Self motivation. | <input type="checkbox"/> Self esteem. |
| <input type="checkbox"/> Gain confidence. | <input type="checkbox"/> Gain discipline. | <input type="checkbox"/> Improve focus. |
| <input type="checkbox"/> Build character. | <input type="checkbox"/> Weight management. | <input type="checkbox"/> Improve physical fitness. |
| <input type="checkbox"/> ADHD, Autism, and other conditions. If that applies to you, please inform the instructor. | | |

All classes must be paid in advance before attending. You agree that enrollment cancellation for any reason is non-refundable when combined with enrollment discounts, or discounted and free uniform promotions. All purchases for uniforms are non-refundable. Any Cancellation for regular price enrollment must have a 30 day advance notice. By signing this document you agree to all of the above statements, terms and conditions.

Adult Student or Above Listed Parent/Guardian Printed Name:

Adult Student or Above Listed Parent/Guardian Signature:

Date:

FINANCIAL INFORMATION

Credit Card ☐ Checking Account ☐ Savings Account ☐ Cash ☐

Cardholder's Name: _____ Bank Name: _____

Credit Card # _____ Exp. Date: _____ Security Code: _____ Zip Code: _____

Account # _____ Routing # _____

COLORADO

Traditional Korean Martial Arts Academy of Colorado

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WISCONSIN

Traditional Korean Martial Arts Academy of Clintonville

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