



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: |
| <i>Legal parent or guardian must sign for students under 18 years old.</i> | | Uniform Size: | Belt Size: | Height: <small>OPTIONAL</small> |
| Student's Name: FIRST | | LAST | | M.I. <small>OPTIONAL</small> |
| 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: | | | | |

SCHOOL LOCATION YOU WILL BE ATTENDING: Clintonville, Wisconsin Firestone, Colorado

WAIVER OF LIABILITY

Whether you are a signed and enrolled student or participating in a free trial, you understand and agree to waive all liability to Traditional Korean Martial Arts Academy for personal injury including injury leading to death that could occur for any reason including, but not limited to, on-location class activities, off location activities including, tournaments, demo teams, parades or any outside event the school may be involved in. You understand and agree that you are responsible for any legal fees for both parties if any legal action is initiated by either party. You agree to follow all of our safety procedures, and use Traditional Korean Martial Arts Academy approved protective equipment as required including mouth piece, groin protection for males, head gear, foot gear and gloves. Students under the age of 18 must have a legal parent or legal guardian agree to these terms in their behalf and sign this document. All classes must be paid in advance before attending. Any cancellation must be a minimum of 30 days in advance. 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

RockyMountainKicks.com

10286 County Road 15, Longmont CO 80504

Steve@RockyMountainKicks.com • 720-378-3000



WISCONSIN

Traditional Korean Martial Arts Academy of Clintonville

ClintonvilleKicks.com

N10155 Henn Road, Clintonville, WI 54929

Steve@ClintonvilleKicks.com • 720-378-3000