



# EDU-KWONDO ENROLLMENT APPLICATION

Male:

1. LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ GENDER: Female:

2. D.O.B.: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ S.S. # \_\_\_\_\_

3. MARITAL STATUS: MARRIED:  DIVORCE:  SINGLE:  CHILD:

4. STREET ADDRESS \_\_\_\_\_ APT./ Floor # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

5. PHONE # DAY / WORK: \_\_\_\_\_ EVENING: \_\_\_\_\_

OTHER: CELL # \_\_\_\_\_ FAX: \_\_\_\_\_

6. OCCUPATION: SCHOOL:  COLLEGE:  WORK:

(A) NAME OF SCHOOL / COLLEGE \_\_\_\_\_

(B) NAME OF EMPLOYER: \_\_\_\_\_

7. (A) IF UNDER 18years WHO IS RESPONSIBLE: MOTHER  FATHER  GUARDIAN

(B) NAME OF RESPONSIBLE PERSON \_\_\_\_\_

(C) ADDRESS: \_\_\_\_\_

(D) HOME PHONE: # \_\_\_\_\_ CEL # \_\_\_\_\_ WORK # \_\_\_\_\_

(E) Email address : \_\_\_\_\_

8. (A) MEDICAL ATTENTION REQUIRED: YES:  NO:

(B) IF YES, EXPLAIN: \_\_\_\_\_

(C) IN CASE OF EMERGENCY: \_\_\_\_\_

(D) EMERGENCY PHONE #: \_\_\_\_\_



967 Newell Ave, Norfolk VA 23518 Tel # (347) 558 0509- - - (757) 777 1350

**Edu Kwondo / Educational Taekwondo**  
**에듀권도 / 에듀게이셔널 태권도**

[edukwondo1@gmail.com](mailto:edukwondo1@gmail.com)



[www.edukwondo.com](http://www.edukwondo.com)

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9. FOR WOMEN ONLY: IF PREGNANT, PLEASE SPECIFY YES:  NO:

10. YOUR EXPERIENCE:

(A) HAVE YOU EVER TAKEN KARATE BEFORE: YES  NO

(B) IF YES WHERE? \_\_\_\_\_

(C) WHAT KIND / STYLE? \_\_\_\_\_

(D) NAME OF LAST INSTRUCTOR? \_\_\_\_\_

(E) COLOR OF BELT HOLD? \_\_\_\_\_

(F) FOR HOW LONG WERE YOU INTO THIS KARATE? \_\_\_\_\_

11. CHECK BOX ONLY IF: RESTRICTED ACTIVITY REQUIRE

INFIRMARY:  DISABILITY

12. DISCLAIMER:

I HEREBY ENROLL IN TAE KWON DO / KARATE AND / OR SELF-DEFENSE CLASSES (Edu-kwondo)

BEING ACCEPTED AS A MEMBER OF THE SCHOOL, I HEREBY AGREE TO ABIDE BY THE RULES AND REGULATION. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR ANY AND ALL UNSUPERVISED DAMAGES, LOSSES, OR INJURIES TO THE SCHOOL (BUILDING) OR FELLOW STUDENTS CAUSE BY ME BEFORE / AFTER AND DURING ALL CLASSES. I HEREBY RELEASE AND WAIVE ALL CLAIMS AGAINST THE INSTRUCTOR, ASSISTANTS, OWNERS, LANDLORD, AND FELLOW STUDENTS OR OTHER PARTICIPANTS CONNECTED WITH THIS SAID SCHOOL. I FULLY UNDERSTAND THAT IN CASE OF ANY INJURIES THE ONLY MEDICAL TREATMENT PROVIDED WILL BE FIRST AID. I FURTHER AGREE THAT ANY PHOTOGRAPHY AND VIDEO RECORDING OF ME IN CONNECTION WITH THE SAID SCHOOL CAN BE USED FOR PUBLICATION, PROMOTION, ARTICLES, AND ADVERTISEMENTS WITHOUT ADDITIONAL CONSENT AND WITHOUT COMPENSATION AT THIS TIME OR ANY OTHER TIME. I UNDERSTAND THAT ALL REGISTRATION FEES AND CLASS FEES ARE NON-REFUNDABLE.

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_  
(If under 18 years)

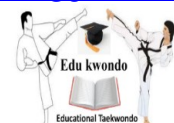
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## **EDU-KWONDO ENROLLMENT APPLICATION**

### **PAYMENT PLAN**

**REGISTRATION \$125.00 (ADULTS \$10.00 Extra)**

**INCLUDE  
Assessment,  
PAPER-WORK, UNIFORM,  
1 MONTH CLASSES (IN ADVANCE)**

### **CLASSES**

**1. PAY AS YOU GO: Per Class**

**ADULTS: \$20.00**   
**JUNIORS: \$18.75**   
**CHILDREN: \$15.00**

**2. MONTHLY: PAY ON THE SAME DATE OF EACH MONTH**

**PEE- WEE: 4 – 10 YRS \$75.00**   
**JUNIORS: 11- 17 YRS \$85.00**   
**ADULTS: \$95.00**

**3. SEMESTER: PAY EVERY 4 MONTHS**

**PEE-WEE: \$280.00**   
**JUNIORS: \$320.00**   
**ADULTS: \$360.00**

**ENTIRE SEMESTER SPECIAL  
(2 days per week)**

**Registration, Classes, Uniform, Exam, Certificate, and New Color Belt  
Just ADD \$50.00 per EXAM**