Glenwood Taekwondo

Student Registration Form

Date:			
Student's Name:			
Parents or Guardian:			
Street Address:		·	
City:	State: Zip:		
Home Phone: ()	Cell Phone: ()		
E-mail Address:			
Date of Birth://	Age: Previous Experience: _		
	e explain:		
	No If yes, please explain:		
Reason for joining (What are your goa	ls?)		
Insurance Company Name and Policy #	#:		
Emergency Contact:	Phone: ()	_
Glenwood Taekwondo instructor or as functions, to include travel to or from	ctivity and I do have my own health insur sistant instructors liable for any injury tha training and events and/or lodging. I also t me any medical attention required.	at occurred in class or give consent to the ir	at any events or
cancellation notice and payment agree upfront. I also understand that in the	edge that I am accepting the terms of the ement. I understand that I am responsible future an outside payment processing co- is required if I would like to stop attendir ice is received.	e for class attendance mpany may be used fong of class. I understand	and for class fees or monthly
I have read and fully understand this r	egistration form and agree to its entirety.	Initia	als:
Parent/Guardian's Signature:		Date:	
	OO NOT WRITE BELOW – OFFICE USE ONI		
Date Enrolled:	Previous Experience:		
Session Paid: Cash / Check	Start Up Kit Received: Yes / No		
Private Lesson Scheduled: Yes / No	When:		
Photo Taken:			