



Student Application Form

Applicant Information			
Name:		Date of Birth:	
New Student	Returning Student	Belt Color if Returning:	
Phone:		Email:	
Address:			
Guardian Information (If Applicant is 18 or Younger)			
Name:		Relationship:	
Phone:		Email:	
Address:			
Emergency Contact (Other than Guardian)			
Name:		Relationship:	
Phone:		Email:	
Address:			
About Yourself			
Have You Practiced Martial Arts Before? If So, What Martial Arts You Practiced?	Y	N	
What Sports Do You Practice or Have You Practiced Other Than Martial Arts?			
Other Than Technical Skills, What Areas Do You and/or Your Child Want To Improve To Become A Fine Person Through Taekwondo?			



Program & Payment Terms			
Regular Program \$150	Little Tiger (4-6) \$100	Monthly	Start Date:
Team Sparring Program (Invitation Only)		12 Months	Pay in Full Monthly Start Date:
Taekwondo Demonstration Program (Invitation Only)		12 Months	Pay in Full Monthly Start Date:

PERSONAL MEDICAL INFORMATION

(NOTE: ALL OF THE INFORMATION IN THIS SECTION WILL BE TREATED AS STRICTLY CONFIDENTIAL, AND WILL BE USED ONLY IN THE DETERMINATION OF THE APPLICANT'S FITNESS TO PARTICIPATE IN MARTIAL ARTS ACTIVITIES WITH INFINITE TAEKWONDO ACADEMY AND IN CASE OF EMERGENCY.)

Are you allergic to any medications or drugs? If yes, please explain.	Y N	
Do you have any medical/physical conditions that may affect you or your ability to participate in class (for example, knee or back problems, neck injury)? If yes, please explain.	Y N	
Do you authorize Infinite Taekwondo Staff to obtain medical treatment and procedures for the child(ren) as may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinic personnel, and other appropriate health care providers?	Y	N
Primary Physician:		Phone: