



## Cho's TaeKwonDo Membership Application

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ School: \_\_\_\_\_

List any major medical problems: \_\_\_\_\_

Any previous martial arts experience? \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

**Parents (Guardians)**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Subdivision \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile /Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Your expectation or goals through TaeKwonDo training: \_\_\_\_\_

\_\_\_\_\_

I hereby make application for membership at Cho's TaeKwonDo Institute and upon acceptance I sincerely pledge to obey all the rules and regulations which are established for keeping the order of this school and for the protection of the students from injury. I pledge never to use the techniques learned at this school except to protect the honor of the well-being of myself or the defenseless. I will never do anything to bring disgrace upon this school. In consideration of accepting my entry into this school, I hereby release Cho's TaeKwonDo School, the owner, instructors, members and John Cooper School from all repair abilities and all claims for injuries I may receive from practicing TaeKwonDo. I further concern that any pictures furnished by or taken of me, in connections with Activities, may be used for promotion or television showing, and I may waive compensation in regard there to. I understand that tuition fees must be paid in advance. There will be NO refunds under any circumstances.

**IF UNDER 18, THIS APPLICATION MUST BE SIGNED BY PARENTS OR LEGAL GUARDIAN**

Membership: \$90      Uniform & T-shirt: \$50      Monthly Tuition: \$75 / \$125 /\$150

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_