



Cho's TaeKwonDo Application

Student Name: _____ **Date of Birth:** _____

Gender: _____ **School:** _____

List any major medical problems: _____

How did you find about us? _____

Parents (Guardians)

Name: _____ **Occupation:** _____

Address: _____ **Subdivision:** _____

City: _____ **Zip:** _____

Mobile /Work Phone: _____

E-mail: _____

Your expectation or goals through TaeKwonDo training: _____

I hereby make application for membership at Cho's TaeKwonDo Academy 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 the owner, instructors, members 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
2 month cancellation notice required.

Registration Fee: \$90 **Tuition:** \$94/\$149/\$169 **Uniform:** \$35 T-shirt \$17

Applicant's Signature: _____ **Date:** _____

Instructor's Signature: _____ **Date:** _____