



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 and Paddington 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

Tuition \$79/\$129/159

Uniform \$35 T-shirt \$17

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

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