



KOGURYO MARTIAL ARTS ACADEMY



Application for Introductory Lesson

Date ___/___/___ Name (please print) _____

Name of Guardian (if applicant is a minor) _____

Address: _____

Phone(Home) ____ - _____

Phone(Work) ____ - _____

Phone(Cell) ____ - _____

What is the nature of your interest in martial arts? _____

Have you practiced Martial Arts before? () No () Yes (if "Yes" please answer below)

What Kind? _____ For how long? _____ How long ago? _____

How long have you been interested in Tang Soo Do? _____

How did you hear about our school? _____

Current Athletic or Physical Activities or Hobbies _____

Do you (or your child in the case of a minor) have any current health problems? () No

() Yes (Please Specify) _____

Who among your friends do you think would be most interested in Martial Arts?

Friends Name _____ Phone # _____

May we use you as a reference for this person? () Yes () No

Release of Liability and Verification of Good Health

The enrollee understands that there is a risk of personal injury involved in said course of instruction and with knowledge agrees to indemnify and save harmless the center from all losses caused by accident or injury to the enrollee or third persons who may be enrollees of the center in the event that either the enrollee or said third person is injured in any way during the proper performance and execution of martial arts instruction. Due to the physical demands of martial arts instruction, enrollee understands that he or she must be in good physical condition to participate in said instruction and hereby certifies that he or she is in good physical condition.

Signature of Applicant _____ Date ___/___/___

Guardian Signature (if applicable) _____ Date ___/___/___