



New Student Application Form United Tae Kwon Do



Student Information

Name _____ Age _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-Mail _____ Date _____

Emergency Contacts Information (other than parent/guardian)

First Contact Name _____ Address _____
Relationship to Student _____
Home Phone _____ Work Phone _____ Cell Phone _____
Second Contact Name _____ Address _____
Relationship to Student _____
Home Phone _____ Work Phone _____ Cell Phone _____

Experience Information

Previous Martial Arts Experience Yes ☐ No ☐ If "yes", what rank? _____
Type of Martial Arts Experience _____

Other Information

Expectations from Tae Kwon Do _____

Why did you choose United Tae Kwon Do? _____

Consent to Participate (required – students under 18 years of age)

Parent/Guardian Name Printed _____
Parent/Guardian Name Signature _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____