



TAE KWONDO REGISTRATION

PLEASE NOTE THERE IS A MONTHLY FEE FOR CLASSES

<>New student <>Returning student <> 2 day per week <>1 day per week: THURS / FRI

Student's Name _____ Gender: M / F

Age: _____ DOB: _____ Height: _____ Weight: _____

Grade Level: _____ Teacher: _____

Student address: _____

Phone: _____ Alternate phone: _____

Any medical conditions: _____

Parent / guardian: _____

Address of parent / guardian _____

E-mail 1 _____

E-mail 2 _____

I certify that all above information is correct to the best of my knowledge

Printed name of parent / guardian _____ Date _____

Signature of parent / guardian _____

FIRST MONTH FEE must be paid prior to your child beginning classes. You may combine uniform cost with first month fee. Checks, cash, money orders, PayPal accepted. Checks and money orders must be made payable to STACY WRIGHT. PayPal information available by request.

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