



# Application

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents/ Guardians: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Ever Trained in Martial Arts before? \_\_\_\_\_ How long? \_\_\_\_\_

Participates in any other sports or activities: \_\_\_\_\_ Days per week? \_\_\_\_\_

What benefits are you looking for from Tae Kwon Do program?  Self-defense  Physical fitness  Self-control

Confidence  Assertiveness  Improve Motor Skills  Self-discipline  Self-Esteem  Other \_\_\_\_\_

What is the most important benefit you would like to achieve? \_\_\_\_\_

***"We believe at FusionTaekwon-Do that positive reinforcement is the best way to build a self-image and confidence."***

Do you agree with this Philosophy? \_\_\_\_\_

Medical History: \_\_\_\_\_

I hereby release and forever discharge Fusion Taekwon-Do, it's officers, Instructors, members, and authorized guests from any liabilities which may hereafter be sustained by me in the club. I agree that the club and it's members shall not be responsible for any loss or theft of my personal possessions while using Fusion Taekwon-do premises.

Signature of witness \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

If applicant is under 18 years of age, please fill in below. I hereby agree to indemnify and save harmless the club, it's officers, Instructors, members and authorized guests of and from any liability of any nature whatsoever arising out of or in anyway connected with any claims of demands made by or on behalf of the following person

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Information below to be filled out by Fusion Taekwondo Staff.

Date Inquired: \_\_\_\_\_ Introductory offer: \_\_\_\_\_

Intro #1 Date: \_\_\_\_\_ Time: \_\_\_\_\_ Confirm call : Yes or No

Intro #2 Date: \_\_\_\_\_ Time: \_\_\_\_\_ Confirm call : Yes or No

Other History: \_\_\_\_\_

\_\_\_\_\_

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