

The Woodlands Taekwon Do

Student Application

STUDENT INFORMATION:

Name: _____
Last Name *First Name* *Middle Name*

Address: _____
Home Address *City* *State* *Zip Code*

Date of Birth: _____ Age: _____ School Grade if under 18 _____
Month/Day/Year

Parent/Guardian Name _____

Home/Cell Phone #: _____ Email: _____

Emergency Contact: _____ Contact Number _____

PERSON RESPONSIBLE FOR PAYMENT:

Name: _____
Last Name *First Name* *Relation to Student*

Address: _____
Home Address *City* *State* *Zip Code*

Home Phone #: _____ Mobile# _____ Work Phone #: _____

Driver's License #: _____ Date of Birth: _____

I hereby apply for membership to The Woodlands Taekwon Do. I certify that the information set forth in this Application for Membership is true and complete to the best of my knowledge and agree to pay all fees when due and comply with all rules established by the management. I understand that membership and billing are not based on attendance or usage and that I am responsible for all monthly fees until I give written notice of my intent to cancel a minimum of 10 days prior to the first day of the month that my cancellation becomes effective. I understand the risks involved in Taekwon Do and Taekwondo activities and state that my health warrants participation.

If under 18, signature must be parent or guardian

Signature: _____ Date: _____

Name of Parent or Guardian _____

Please Note: First & Last month's dues are required with this application. No Refunds!!