TAE KWON DO

REGISTRATION / QUESTIONNAIRE

Applicant's Name: _____
First Middle Last

Date of Birth: _____ Phone:_____
Month/Day/Year

Address:_____
Street City ZIPCODE

Spouse/Parent/Guardian:_____Phone:_____

In the space provided below, please describe any history of physical handicaps, disorders, illnesses, or impairments that you, to the best of your knowledge, may presently have or have had in the past (i.e.: high blood pressure, heart disease, lung disorders, breaks, sprains, dislocations, etc.). This information will be used strictly for the determination of any possible training limitations.

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Date_____

By_____
Applicant's Signature

By_____
Co-signer (parent, or guardian, if minor)