

NEW STUDENT REGISTRATION FORM



Student's Name _____ Date of Birth _____ Age _____ Sex _____

Home Address _____

H. Phone _____

Parent 1 Name: _____ C. Phone _____ Work Phone _____

Email: _____ Birthday _____

Work Address: _____

Parent 2 Name: _____ C. Phone _____ Work Phone _____

Email: _____ Birthday _____

Work Address: _____

Health Concerns _____

Emergency Contact _____ **Phone** _____

How did you hear about our School? _____

1. I know of no health reason, other than the information indicated on this form, why I or my child/children should not participate in any of the Tae Kwon Do, Lil' Dragons, and Martial Arts class activities, Cage Fitness, Yoga, Zumba and/or any other program provided by Kang's Black Belt Academy.
2. I hereby give my consent to Kang's Black Belt Academy & Personal Fitness Training, Inc., its instructors, employees or any Emergency Medical Personnel to administer necessary treatment to my child (named above) in the event of any emergency to transport him/her by ambulance if the situation warrants.
3. I understand that Tae Kwon Do, Lil' Dragons, and Martial Arts are sports involving physical contact and physical exercise. You Buyer and/or Student are aware that the student is engaging in physical exercise and self-defense instruction. It is always advisable to contact your physician before entering any program of physical fitness. The student is voluntarily participating in these activities.
4. I understand photographs and/or video of my child/children may be taken during class time and possibly used in promotional displays and on the company website.
5. I understand that I as a parent/guardian/participant will not hold Kang's Black Belt Academy & Personal Fitness Training, Inc. responsible for any injuries incurred while at any facility or function run by same.

I hereby acknowledge and represent that I have read the foregoing, understand its terms, and sign it voluntarily.

Date: _____ Signature: _____

KANG'S BLACK BELT ACADEMY, INC.

18200-C Georgia Ave., Olney, MD 20832

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www.kangs.ninja

OFFICE USE ONLY	
1 st Appt. Scheduled: _____	<input type="checkbox"/> Contract
2 nd Appt. Scheduled: _____	<input type="checkbox"/> Attendance Card/Picture
Enrollment Conference: _____	<input type="checkbox"/> Good Job Note
Reviewed Packet: _____	<input type="checkbox"/> Gift Certificate for Referral

I am looking for more of the following for myself/son/daughter (please check all that apply):

- | | |
|---------------------------------|---|
| _____ Self-Respect | _____ Self-Discipline/Doing things on their own |
| _____ Life Skills | _____ Confidence |
| _____ Focus | _____ Competition |
| _____ Safety Skills | _____ Physical Fitness |
| _____ Motor Skills/Coordination | _____ Patience/Waiting for their turn |
| _____ Sharing/Taking Turns | _____ Perseverance/Not Giving Up |
| _____ Leadership | _____ Self-Defense |

Additional Comments:

Referral Program **DATE:** _____

Refer now by writing down the names and numbers of any friends, neighbors, co-workers, and family members you feel might be interested in our program. We will call them and invite them to a FREE (no obligation) class! If any of these referrals register within 30 days, we will offer a Gift Certificate to our Pro-Shop for \$150.00, or a \$100 VISA Gift Card!

(Note: In order to receive the \$150 Gift Certificate or VISA Gift Card, the referral name must be listed below.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____