

**TAEKWONDO AMERICA OF RICHMOND
STUDENT INFORMATION SHEET**

Welcome to Taekwondo America and congratulations on taking the first step towards a healthier lifestyle. In order to help you achieve your training goals we need some information regarding your current lifestyle. Please take a few moments to fill out this questionnaire as accurately as possible.

STUDENT NAME _____ BIRTHDAY _____ AGE _____

PARENT / SPOUSE _____ Relationship _____

Cell Phone _____ Email _____

PARENT / SPOUSE _____ Relationship _____

Cell Phone _____ Email _____

ADDRESS _____ CITY _____ Zip _____

LIST 2 PEOPLE WE CAN CONTACT IN CASE OF EMERGENCY (Other than parents):

1. _____ RELATION _____ PHONE _____

2. _____ RELATION _____ PHONE _____

HOW DID YOU HEAR ABOUT OUR FACILITY? FRIEND PHONE BOOK ADVERTISEMENT LOCATION INTERNET OTHER

If internet, which search engine did you use? _____

WHO REFERRED YOU TO OUR FACILITY? _____ If Other: _____

HAVE YOU TRAINED IN MARTIAL ARTS BEFORE? YES NO

If yes, which style? _____ How long did you train? _____

How long since you've trained? _____ Rank Obtained: _____

Where did you train? _____

WHAT ARE SOME OF THE BENEFITS THAT YOU HOPE TO OBTAIN FROM OUR PROGRAM?

___ Self-Defense _____ Flexibility _____ Self-confidence

___ Learn martial art _____ Weight Loss _____ Self-Discipline

___ Exercise _____ Fun/Socialization _____ Earn a Black Belt

___ Something for the entire family Other: _____

Does the participant have any special requirements or needs that we should be aware of? (Asthma, attention deficit, etc.)

WAIVER- As an inducement to cause TA to extend services to me, and in consideration of the provisions of those services, I, the undersigned, on behalf of myself, my heirs assigns, personal representatives and my estate, hereby state as follows: (1) I understand and acknowledge that I am about to engage in an activity which includes strenuous exercise and body contact which involves certain risks which could result in injury or harm to myself, my property, or third parties; (2) In participating in such activities with TA personnel and in accordance with its rules, regulations and policies; (3) In full awareness of the risks, both known and unknown, associated with the activities offered by TA, I hereby expressly and voluntarily release TA, its officers, agents, employees and instructors from all responsibility, liability, claims, demands, charges, duties, injuries, actions, causes of actions, suits, complaints and promises of any nature whatsoever relating to or deriving from my personal presence at the TA premises or my participation in any activities directly or indirectly related to the activities at TA; (4) My participation in these activities is purely voluntary and I elect to participate in spite of the risks; (5) I allow TA to use any pictures or video taken of me in connection with any TA event for publicity or promotion without compensation at this time or any other time. **Signature:** _____ **Date:** _____

Complete this section if enrolling in the Introductory Program

I would like to enroll in the introductory program. I understand that I am under no obligation to continue with TA when this program expires. I understand that in order to continue training, I will need to complete a membership agreement and accept all provisions, terms and conditions contained therein.

Start Date _____ End Date _____ Uniform Size _____ Amount Paid _____

Signature: _____ Date: _____