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REGISTRATION FORM

Name of Student: #1 _____ Birthday: _____

Name of Student: #2 _____ Birthday: _____

Name of Student: #3 _____ Birthday: _____

Name of Student: #4 _____ Birthday: _____

Name of Parent or Guardian: _____

Home Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Home
Phone: _____ Cell: _____ Work: _____

Safety Information

(Person to contact in case of emergency if parent or guardian is unavailable)

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Health Insurance Information

Physician's

Name: _____ Phone: _____

Name of Insurance: _____ Policy Number: _____

Expire Date: _____

Learning Objectives:

(Circle)

Sport Self-Discipline Self-Confidence Self-Defense
Physical Conditioning Weight Control Focus

Referred By:

(Circle)

Phone Book Local Newspaper Walk In
Web-All-Pro TKD Flyer Web-Yelp
Gift Certificate Web-Yahoo Local LGS Recreation
Web Birthday Party

Present Member: _____

*** Please list any medical conditions we should be aware of ***

I hereby authorize the staff of **All-Pro Tae Kwon Do** to act for me accordingly to their judgment in any emergency requiring medical attention, and hereby waive and release **All-Pro Tae Kwon Do** and its staff from any and all liability for injuries or illness incurred while in the studio. I have no knowledge of any physical impairment that may affect the above named student participation in the Tae Kwon Do program, and have read and understand the terms, rules and conditions outlined in the accompanying material including the student enrollment agreement.

Signed: _____ **Date:** _____