

**SCHOOL: Detroit Lakes SCHOOL OF TAE KWON DO & KUMDO**

**MAILING ADDRESS: 601 1/2 Hwy 10 E, Detroit Lakes, MN 56501**

**TELEPHONE NUMBER: 218-234-5890**

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**SECTION I: REGISTRATION FORM**

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Applicant's Name: Last \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Home Phone #: ( ) \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Spouse/Parent/Guardian: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Any Physical Conditions/Handicaps? \_\_\_\_\_

High Blood Pressure? \_\_\_\_\_ Heart Disease? \_\_\_\_\_ Lung Disorder? \_\_\_\_\_

If yes, your Family Doctor's Name: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Other Phone #s \_\_\_\_\_ (Work, Cell, Etc.)

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**SECTION II: AGREEMENT**

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***PLEASE READ CAREFULLY. THIS IS A LEGAL AGREEMENT.***

I understand that under the terms of this agreement the school obliges itself to furnish me with a competent instructor and facilities for teaching the lessons. The length of time allocated for the lessons are usually two lessons per week. Failure to take all lessons contracted for shall not relieve me of my obligation to pay the total tuition agreed upon. I further understand if I am absent or withdraw there will be no refunds for any tuition paid. Lessons may not be conducted on some national holidays or on days of Association sponsored tournaments.

In consideration of being accepted as a member, I the undersigned, agree to abide by the rules and regulations of The Detroit Lakes School of Tae Kwon Do & Kumdo, Evergreen Total Martial Arts and its affiliations; the U.S. Changmookwan Taekwondo Union (USCTU); The World Tae Kwon Do Federation (WTF); The United States of America Tae Kwon Do (USATKD).

***I fully understand that Martial Arts, Tae Kwon Do, Hapkido, MMA, and Kumdo are contact sports. I have read the Agreement, Release of Liability, and Acknowledgment of Assumption of Risk on BACK.***

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**SECTION III: FEE AND SIGNATURE**

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Enrollment Date: \_\_\_\_\_

By: \_\_\_\_\_  
Student Applicant's Signature

I agree to pay the current monthly student fees by the 1<sup>st</sup> class of each month.

By: \_\_\_\_\_  
Signature of Parent/Guardian, if the student is a minor

By: \_\_\_\_\_  
School Representative

