

Program JPW_ PKD__	Starting Month	Program Style	Source:	Today's Date		
J.P.Wood MAA Student Application Form						
Last Name	First Name	Middle Name	Sex	Birth Date	Age	
Address		City	State Illinois	Zip		
Applicant's Home Phone			Applicant Cell Phone			
1. Contact Name		Relationship	Cell Phone			
2. Contact Name		Relationship	Cell Phone			
E-mail Address			E-mail or Web Site Address			
Applicant <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Applicant lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Self <input type="checkbox"/> Other				
Applicants Current Schooling Pre-S ___ K ___ grade College ___ year Masters ___ Doc ___				Name of School		
Parent or Personal Occupation:			Name of Company			
Release / Insurance Form / Acknowledgement						
By its very nature, the program and classes taught at our school involve body contact, substantial physical and mental exertion, physical exercise and/or use of equipment which represents a certain risk to the user. It is recommended that you check with your physician prior to participating in martial arts activities.						
In consideration of my acceptance into J.P. Wood's Tae Kwon Do Centers, Inc. d/b/a J.P. Wood Martial Arts America, I hereby expressly waive and discharge any and all rights, actions, claims or lawsuits for damages against J.P. Wood's Tae Kwon Do Centers, Inc., its instructors, agents and/or assigns, arising out of any participation in any activities through J.P. Wood's Tae Kwon Do Centers, Inc. In addition, I hereby agree that I will continue to maintain a major medical insurance policy upon all participating students ("members") at all times while any member is participating in martial arts classes or activities. The undersigned acknowledges that he or she has read this release and insurance acknowledgement and expressly understands the contents thereof. The undersigned understands there is no refund for any reason once the applicant is registered. The undersigned understands the applicant may be photographed. These photographs are property of J.P.Wood Taekwondo Ctrs. Inc. and they may be used or published and I am not entitled to any compensation from their use.						
1. Does the applicant have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Company			
2. Does the applicant have any medical history that limits or effect his/her involvement in martial arts activities? <input type="checkbox"/> No <input type="checkbox"/> Yes			Please explain			
3. How did you here about our program?			Answer			
4. What reasons do you or your child have for wanting to take Martial Arts?			Answer			
Adult or Guardian Name		Signature		Date		
OFFICE USE ONLY						
1. Orientation Class		Day	Date	Time		
2. Program Conference		Day	Date	Time		
3. Boot Camp Test		Day	Date	Time		
School Rep	Course/ Program	Payment \$	Method	Balance Due	Date	
Date Enrolled	Start Date	Exp Date	Processed Date	Put In Computer		
Attn. Card	Picture	White belt book	Uniform size	Belt Size	Sword size	Newsletter

Notes: _____