



## **SWAR TAEKWON-DO REGISTRATION FORM**

Age \_\_\_\_\_  
Surname \_\_\_\_\_ First Name \_\_\_\_\_ Mdl initial \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Health Card No. \_\_\_\_\_  
dd mm yy

Address \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ Postal code \_\_\_\_\_ Province \_\_\_\_\_

Parents Name if Under 18 \_\_\_\_\_

Medical Condition That May Interfere With Training \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Bus. No. \_\_\_\_\_

Fax. No. \_\_\_\_\_ E-Mail \_\_\_\_\_

Other Contact Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Previous Knowledge Of any Martial Arts. Yes  No

If Yes Reason For Leaving \_\_\_\_\_

Level Obtain \_\_\_\_\_ Style Of Martial Art \_\_\_\_\_

1-Month term 1<sup>st</sup> person \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 3-months term 1<sup>st</sup> person \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_  
6-months term 1<sup>st</sup> person \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 1-year term 1<sup>st</sup> person \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

MEMBERSHIP FEE: \$ \_\_\_\_\_

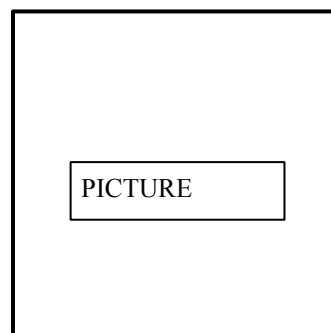
INSURANCE \$ \_\_\_\_\_

UNIFORM: \$ \_\_\_\_\_

SCHOOL CREST: \$ \_\_\_\_\_

I.T.F CREST: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_



This membership is strictly personal and cannot be canceled, refunded or transferred to any other person. Swar Taekwon-Do reserves the right to change class days, times or Instructor if necessary. The student agrees to the following rules and regulations. 1) Conducting yourself in an orderly manner at all times. 2) Arriving at least five minutes early to assure prompt lessons. 3) To have your uniform clean and neat at all classes and competitions. 4) To notify the school when not attending classes. 5) To keep the dojang tidy at all times. I further understand that strict observation of the rules and regulations relative to my training will greatly reduce the possibility of accidents or injuries and that I waive any claim of damages against Swar I.T.F Taekwon-Do and it's instructors in any case resulting from this activity.

Parents Signature \_\_\_\_\_ Student Signature \_\_\_\_\_

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