

Student application

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Additional Student \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Sex \_\_\_\_\_ Email Address \_\_\_\_\_  
 Parent's?Guardian's Name \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Telephone \_\_\_\_\_  
 School (for Student) \_\_\_\_\_ Telephone \_\_\_\_\_

**How did you hear about us?**

- Yellow Pages
- Walked By
- Yelp
- Other
- News Paper
- Friend Who? \_\_\_\_\_

Student, or his/her parent, acknowledge the existence of potential for personal injury in participating in a course of instruction in an activity such as martial arts, and that he/she is assuming this risk without liability to Kuk Sool Won™ of Redwood City or it's instructors, by executing this agreement and participation in said course of instruction. i also state that the students named above are physically fit to take the prescribed course of instruction and do so on their own free will for an agreed upon fee. I understand that there is no refund policy on any monies that I pay to this academy.

\_\_\_\_\_  
 Student \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian (if under 18)

\_\_\_\_\_  
 This Section is for Staff Use Only

<b>Self-Confidence</b>	<b>Self-Discipline</b>	<b>Self-Defense</b>	<b>Physical fitness</b>
Self-Esteem	Concentration	Safety	Strength & flexibility
Assertiveness	Integrity	Awareness	Coordination
_____	_____	_____	_____

Living in the Area: Y N  
 Spouse \_\_\_\_\_ Will Spouse be Participating \_\_\_\_\_  
 Honor Student \_\_\_\_\_ Average student \_\_\_\_\_ Needs a little help \_\_\_\_\_  
 Other Activities \_\_\_\_\_  
 Medical Concern \_\_\_\_\_