



EXTREME MARTIAL ARTS CENTER

EMACTKD.COM/910.380.3624

General Information

EXTREME MARTIAL ARTS CENTER, LLC. is located at
814 B South College Road, Wilmington NC, 28403.

The cost of the after school program is \$75.00 or \$60.00 per week. *(See attached fee schedule.)*

Extreme Martial Arts, Inc. has a van for transporting students. Upon arriving at the Dojang (School), students can eat their own snack/drink, socialize and change into their Dobok (Uniform). Tae Kwon Do classes will run approximately thirty minutes. Classes will consist of stretching exercises in order to develop flexibility therefore providing less injury to the body.

Your child will also receive specific techniques reference self-defense, how to deal bullying and instructions that will have you and your child amaze. After Tae Kwon Do class, all students will do homework until completed or picked up time.

Discipline at Extreme Martial Arts Center Inc. will be handled in the following manner. For minor problems students will be ask to do some type of exercise such as; push-ups, sit-ups, jumping jacks, etc. This method of punishment does two things: **1 - Makes the student aware that they have not followed school rules. 2 - Builds muscles needed in Tae Kwon Do training.**

The next level of punishment will involve a one on one conversation with the school head Tae Kwon Master. Students that continue to disobey school rules after the above mentioned punishments have been issued, will be required to leave the training session and to sit in a chair until picked up by their parents. **Extreme Martial Arts reserves the right to discharge any student that creates a constant disruptive situation that hinders the learning of other students.**

Please be aware that as in all sports and activities there is a possibility of injury even when all safety procedures have been followed.

We will gladly answer any questions you have regarding our program.



EXTREME MARTIAL ARTS CENTER

Date of Registration ____/____/____

YOUTH INFORMATION

Name of Child _____ Birthdate ____/____/____

Current Age _____

Address _____ City _____ State _____ Zip _____

School Name _____ Grade _____

HOW DID YOU HEAR ABOUT OUR PROGRAM?

Website / internet [] Facebook [] Instagram [] Call in [] Walk in []

Referred By: _____

INFORMATION ABOUT YOUR CHILD

T-shirt size _____

Tae Kwon Do Training _____

Allergies/ADD/ADHD _____

Use of Medication _____

Other pertinent health information _____



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Date of Registration ____/____/____

INFORMATION ABOUT THE FAMILY

Mother/Name _____ Home# _____
Address _____ City _____ State _____ Zip _____
Employer _____ Work# _____
Cell# _____ Email _____

Father/ Name _____ Home# _____
Address _____ City _____ State _____ Zip _____
Employer _____ Work# _____ Email _____

EMERGENCY CARE INFORMATION

Name of Child's Doctor _____
Work# _____

If neither father or mother can be contacted, please list two contacts:

Name _____
Home # _____ Work# _____

Names of persons allowed to pick up your child *(We reserve the right to check ID's)*

Name _____
Home # _____

Name _____
Home # _____



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GENERAL RELEASE STATEMENT

I, the below identified person hereby make application for the training in the arts/activities sponsored and instructed by *EXTREME MARTIAL ARTS LLC.* and it's associates. All statements cited on the STUDENT APPLICATION FORM are true and correct to the best of my knowledge. Upon acceptance I sincerely pledge to obey all rules and regulations set forth for my protection and the protection of others. I also pledge to always display proper respect and honor to my instructors and fellow students at all times and will expect the same in return.

I also understand and accept that I may be dismissed partially or completely from any and all training for violation of any of the school rules and regulations or by furnishing false information on the STUDENT APPLICATION FORM.

I hereby fully and unconditionally release *EXTREME MARTIAL ARTS, LLC.* instructors, guest, agents and fellow students from any and all claims for any and all injuries and or losses that I may sustain or receive during my training in any fighting art sponsored by *EXTREME MARTIAL ARTS LLC.* or separate activity having association therewith.

PRINT NAME _____ DATE ____/____/____

STUDENT'S SIGNATURE _____ DATE ____/____/____

PARENT/GUARDIAN'S
SIGNATURE _____ DATE ____/____/____

INSTRUCTOR'S
SIGNATURE _____ DATE ____/____/____