



**Extreme Martial Arts Center**  
**Tae Kwon Do & Hap Ki Do**  
910-380-3624 [WWW.EMACTKD.COM](http://WWW.EMACTKD.COM)

**General Information**

Date of Registration \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**HOW DID YOU HEAR ABOUT OUR PROGRAM?**

Internet \_\_\_\_\_ Drove by \_\_\_\_\_ Facebook \_\_\_\_\_ Word of mouth \_\_\_\_\_ Walk in \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD**

Tae Kwon Do Training \_\_\_\_\_

Allergies/ADD/ADHD \_\_\_\_\_

Use of Medication \_\_\_\_\_

Other pertinent health information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INFORMATION ABOUT THE FAMILY**

Mother/Name: \_\_\_\_\_ Home# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work# \_\_\_\_\_

Cell# \_\_\_\_\_ Email \_\_\_\_\_

Father/ Name \_\_\_\_\_ Home# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work# \_\_\_\_\_

Cell# \_\_\_\_\_ Email \_\_\_\_\_

## **EMERGENCY CARE INFORMATION**

If neither father nor mother can be contacted, please list two contacts:

Name \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_

Name \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_

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

Name \_\_\_\_\_

Home # \_\_\_\_\_

Name \_\_\_\_\_

Home # \_\_\_\_\_

**\*\*Discipline at Extreme Martial Arts Center Inc. will be handled in the following manner. For minor problems students will do 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 therefore consequences for their actions.

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 Center reserves the right to discharge any student(s) at will, such as; if the student creates a constant disruptive situation and hinders the progress of learning to other students.**

# 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 INC.* 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, INC.* 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 INC.* or separate activity having association therewith.

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. Please feel free to call us at 910.380.3624.

PRINT NAME \_\_\_\_\_

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT/GUARDIAN'S  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

INSTRUCTOR'S  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

