

INTERNATIONAL TAEKWON-DO ACADEMY

172 Ferry St, Newark- NJ , 07105 www.itaitf.com

ITA REGISTRATION FORM

Student's Name: _____

Age _____ Height _____ Weight _____ Birthday: ____ / ____ / ____

Address: _____ City _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Fathers Name: _____ Mothers Name: _____

In case de of emergency contact: _____

(Name & Phone)

Any Medical Problems that we should be aware of? (if yes, please explain): _____

Medications Used: (if yes, please explain): _____

Operator Not Liable- The participant of these classes acknowledges that the course could consists of strenuous physical exercise from which he/she may suffer personal injury. The participant agrees to forever relieve and holt harmless the operator, it's employees and instructors from any and all liability or damages resulting from either personal injury or theft or a loss of personal property whether or not due to the negligence of the operator, it's employees and instructors. It is advisable to consult your doctor before participating in any type of aerobic program

Parent Signature: _____ Date: _____

For Office Use only:

Program:

Note:

Month 3 Month 1Year

Program begins:



Program Locations:

Acct

Exp Date

Code

Instructor: _____

*Charges only accept for
\$20 or more.

Payment: _____