



11688 Barker Cypress Rd. #B1  
 Cypress, Texas 77433  
 713-894-6105  
 CypressTaeKwonDo.com

# Cypress TaeKwon-Do

## STUDENT INFORMATION

Name: \_\_\_\_\_ Male / Female (circle one)  
 DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Approx. Height: \_\_\_\_\_ Approx. Weight: \_\_\_\_\_  
 Parent/Guardians (if minor): \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer/School Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Medical Issues, Medications, or other concerns: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Why are you interested in TaeKwon-Do? \_\_\_\_\_

### **In case of emergency, contact:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## RELEASE OF LIABILITY

I realize that TaeKwon-Do is a physical activity (involving intense training and controlled sparring) and a physical exam is recommended prior to starting this program. I accept full financial responsibility for any injuries in this or any other program offered by Cypress TaeKwon Do and agree to hold harmless Cypress Martial Arts and Fitness LLC, Cypress TaeKwon Do and any of its employees or instructors, including Robert Webre, from any liability, whatsoever. This includes classes, testings, seminars, tournaments and any other activity in which I choose to participate in with Cypress TaeKwon Do. This release is effective as long as I and/or my child(ren) are enrolled in classes.

Adult Student or Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO RELEASE

I understand that photos and videos of me or my child(ren) may be taken for use in Cypress TaeKwon-Do's publications. I also understand that publication of these photographs may be used in print or electronically via the Internet/World Wide Web on but not limited to Cypress TaeKwon-Do's website, blog and Facebook page. At no point will personal information be included with any presentation of these pictures without prior, written consent from the individual or responsible adult.

\_\_\_\_\_ I do give consent for photos of myself/child(ren) to be published.

\_\_\_\_\_ I do not give consent for photos of myself/child(ren) to be published.

Adult Student or Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT INFORMATION: Tuition payments are paid monthly by electronic draft or credit card on the 1<sup>st</sup> or 15<sup>th</sup> **CIRCLE ONE**

**\*Cypress TaeKwon-Do offers classes on a month-to-month basis. A 30 day written or emailed notice is required for cancellation or freezing of your account. \*Please notify CTKD within 60 days of cancellation if your draft or debit has not ceased. \_\_\_\_\_ INITIAL**

Bank Name: \_\_\_\_\_ (If drafting from a checking acct., please attach a voided check)

Checking Acct. \_\_\_\_\_ Routing No. \_\_\_\_\_

### **OR**

Print Name on Card: \_\_\_\_\_ Visa / MC / AMX (circle one)

CC#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I authorize Cypress TaeKwon-Do to debit my checking account or charge my credit card monthly for tuition. I understand that there are no refunds full or partial on tuition or on the Introductory Special. I also understand that a \$30 annual registration fee will be charged to my account after the Introductory Special and will continue on an annual basis thereafter. This fee will be prorated based on my enrollment date.

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

**Office Use Only:**

Program: \_\_\_\_\_ Type: \_\_\_\_\_ Enrollment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of First Class: \_\_\_\_/\_\_\_\_/\_\_\_\_

Program Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_ Day: \_\_\_\_\_

Paid: Check# \_\_\_\_\_ /or/ CC \_\_\_\_\_ Registration Fee: \_\_\_\_\_

30 Day Notice Rec'd on: \_\_\_\_/\_\_\_\_/\_\_\_\_ Draft/Debit Cancelled on: \_\_\_\_/\_\_\_\_/\_\_\_\_ Confirmed? Y / N by \_\_\_\_\_ Initials