

Tae Kwon Do Student Application

(Please print clearly!)

Name:		Today's Date:
Address:		
City:	State:	Zip:
Phone:	Age:	Email:
If student is under 18, Mother's name:		Father's name:

I, the undersigned, understand that Tae Kwon Do is a contact sport and that I may be injured. I will not hold the Instructor, Doug Walker, nor any member of his club responsible for any injuries I may sustain. Nor will I hold the First Baptist Church of Avoca, NY or the Pastor, leadership, or members responsible for injuries I may sustain.

Student's signature	Parent's signature (if student is under 18)
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