



# Kuk Sool Won of Madison Heights



## New Student Information

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  M  F  
(Last) (First)

Date of Birth \_\_\_\_\_

*If Under 18, Parent or Guardian*

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

In case of an accident notify: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Have you previously done martial arts? \_\_\_\_\_ If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

How did you find out about Kuk Sool Won? \_\_\_\_\_

In 6 months what do you want to gain from Kuk Sool Won? \_\_\_\_\_

Overall, what is your goal for doing Kuk Sool Won? \_\_\_\_\_

I understand that any false information provided on the application will be sufficient for the termination of Kuk Sool Won training. I agree to abide by the rules and regulations of WKSA.

Signature of Parent of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Last) (First)

### For Instructors Use Only

- Adult
- Junior
- Child
- Family

- Uniform
- I.D. Card
- T - Shirt

- Paid
- Package \_\_\_\_\_
- Waiver