



Membership Application

Please check membership type: NEW RENEWAL
(A renewal form must be filled out if you lapse in training more than two months)

Student Information

First Name: _____ Last Name: _____ Age: _____

Birth Date: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Medical Information (i.e. asthma, MS, A.D.D., etc.): _____

Previous Martial Art Experience (List the art, rank, years practiced, date of last official workout): _____

Additional Information

Emergency Contact Name: _____ Emergency Phone: _____

Parents' Names: _____ Home Phone: _____ Work Phone: _____

(For all under age 18)

Cell Phone: _____

Additional Participating Family Member(s) Name(s): _____

(A separate application needs to be filled out for each additional member.)

Liability Waiver

In consideration of acceptance of my entry into the Lenox TaeKwonDo program, I do hereby, for myself and my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against Lenox TaeKwonDo, SoKo Business, Inc., Master. Sheila O'Riley, Assistant Instructors, their teaching assistants, or their respective officers, agents, representatives, successors, and/or assignees, for any and all damages which may be sustained and suffered by me in connection with my association with or in the above athletic activity.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(For all under age 18)

Payment & Participation Agreement

I agree to pay Lenox TaeKwonDo the monthly membership fee checked below. I understand that this fee is due, in full, the first class day of each new month. I understand that membership, rank, promotion fees, promotion privilege, and any other TaeKwonDo activity, benefit, material, or privilege facilitated by Lenox TaeKwonDo, Master Sheila O'Riley, Assistant Instructors, their teaching assistants, or their respective officers, agents, representatives, successors, and/or assignees may be suspended, held, or revoked as deemed necessary by Lenox TaeKwonDo, Master Sheila O'Riley, or Assistant Instructors. Fees are as follows: If there is only one student the single student fee shall be charged. For two (2) direct family members the "single student" fee plus the "second family member" fee shall be charged. For an additional direct family member the previous two fees plus the "additional family member" fee shall be charged to the respective members. Check which fee pertains to the student whom this form directly pertains. Direct family members are defined as immediate members such as brother, sister, mother, father, other dependents of the same family; exclusions are extended family such as cousins, aunts, uncles etc. Exceptions may be made per the discretion of Lenox TaeKwonDo. Please make checks payable to **Lenox TaeKwonDo**.

I _____

Please Print

agree to pay the monthly fee of:

- | | |
|--|--|
| <input type="checkbox"/> Single-\$35 | <input type="checkbox"/> Little Dragons-\$25 |
| <input type="checkbox"/> 2 nd Person-\$25 | |
| <input type="checkbox"/> 3 rd or more Person-\$10 | |

*Rates are for immediate family member of the initial single student only.

Signature of Person Above (must be over 18): _____ Date: _____

I wish to purchase a dobok (uniform) with my first month's membership fee for the special half-price of \$15.

Height _____ Weight _____

Signature