

Self-Confidence - Health -
Relaxation - Balance -
Coordination - Self-Discipline
Meditation - Philosophy

Eastern Shore Tang Soo Do
861 Washington Ave., # 166, Chestertown MD 21620
818 High Street, Suite 6, Chestertown, MD 21620
(410) 708-9944

Student Name: _____ Date: _____
(Last) (First) (M.I.)

Address: _____

City: _____ State: _____ Zip: _____

Home: () _____ Work: () _____ Cell: () _____

E-mail: _____

Date of Birth: _____ Male: _____ Female: _____

Occupation: _____

If Student is a Minor:

Parents' Name: _____

Previous Experience: No _____ Yes _____
(Style) (Rank)

(Instructor) (School Name & Address)

Do you have any medical conditions such as epilepsy, diabetes, high blood pressure, heart disease, asthma, or other chronic health condition? No _____ Yes _____

Have you been hospitalized in the last three years? No _____ Yes _____

Do you have any physical limitations or restrictions? No _____ Yes _____

Please explain "yes" answers: _____

Please Read the following carefully and completely:

- I certify that I, or my child, is in good physical health and able to participate in Martial Arts and Tang Soo Do training and instruction. _____ (initial)
- As with most exercise and sports programs, I acknowledge that Martial Arts is an activity that has inherent risks of injury. The most common injuries include muscle strains/sprains, joint injuries, and contusions. However, more serious injuries may occur with vigorous exercise or contact sports with such as head injury, fainting, abnormal blood pressure, heart attack, or even death. I agree that I assume the risk of injury to myself or my child when I agree to participate in Martial Arts training and instruction. _____ (initial)
- Release of Liability: I agree, on behalf of myself and the minor child, to release and hold harmless, Eastern Shore Tang Soo Do, Phoenix Personal Fitness & Martial Arts, Inc., and their agents and employees from any and all liability from claims for personal injury, property damage or death arising from or related to accidental or negligent acts while participating in Martial Arts training and instruction. _____ (initial)
- I will obey the rules of the Do Jang (school) and I will display proper respect and discipline at all times. _____ (initial)

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____