



# US World Class Taekwondo Association Hollywood Family Martial Arts Center

4200 NE Sandy Blvd. Portland, OR 97213  
Phone 503-284-7843

## Application for Trial Program Enrollment

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Circle Male / Female

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Occupation/School/Grade or Work Place: \_\_\_\_\_

(if Minor) Parent/Legal Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

How did you learn about our school? \_\_\_\_\_ Name of Referral: \_\_\_\_\_

If you have you trained in martial arts before, what type? \_\_\_\_\_ rank attained: \_\_\_\_\_

*I, the above named, hereby enroll as a student of the US World Class Taekwondo Association, Hollywood School & Family Martial Arts Center, and agree to the following:*

1. I understand and agree and swear on oath to observe and respect the regulations of US World Class Taekwondo Hollywood and obey the instructors.
2. I will train my mind and body according to the Taekwondo Hollywood School's strict code.
3. I understand and agree that US World Class Taekwondo Hollywood School, US World Class Taekwondo Association, and the instructors will not be responsible for any damages or injuries whatsoever arising while the student is traveling to and from, or in this taekwondo school; even if said injury or damage is caused by a student and/or employee or officer of the USWC Taekwondo Hollywood School, US World Class Taekwondo Association, or for any other reason.
4. Any photographs or motion pictures taken during US World Class Taekwondo Hollywood School activities may be used for promotional purposes.
5. I am in good physical condition and have no disability, impairment or ailment preventing me from engaging in active or passive exercise or that will be detrimental or inimical to my health, safety, comfort, physical condition, or that of others.
6. I understand that I must be accepted by the US World Class Taekwondo Hollywood School in order to continue with taekwondo training after the initial trial classes.
7. After enrollment, any amount paid is not refundable.

I accept and agree to all the terms above.

Student Name: \_\_\_\_\_

Signature (if Minor, Parent/Legal Guardian signature): \_\_\_\_\_ Date \_\_\_\_\_

Application Accepted by (School Official Only): \_\_\_\_\_ Date \_\_\_\_\_