

After School Enrollment Form

Name _____ Date of Birth ___ / ___ / ___ Age _____

Address _____ School Student Attends _____

City/State/Zip _____ School Phone Number _____ - _____ - _____

Home Phone# _____ - _____ - _____ Work # _____ - _____ - _____ Mobile _____ - _____ - _____

Date Student Started ___ / ___ / ___ T-Shirt Size _____

Email Address _____ T-Shirt Size _____

Parent/Guardian Information

Name _____ Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Home Phone # _____ - _____ - _____ Home Phone # _____ - _____ - _____

Work Phone # _____ - _____ - _____ Work Phone # _____ - _____ - _____

Mobile Phone # _____ - _____ - _____ Mobile Phone # _____ - _____ - _____

Emergency Contact If Parents or Guardians Unavailable

Name _____ Home Phone # _____ - _____ - _____

Address _____ Work Phone # _____ - _____ - _____

City/State/Zip _____ Mobile Phone # _____ - _____ - _____

Please list any Medical Conditions the staff needs to be aware of. (Information Kept Confidential)

I give permission for my child to be picked up by the following people.

Name _____ MDDL# _____

Name _____ MDDL# _____

Name _____ MDDL# _____

In case of an Emergency, if I cannot be reached, I hereby authorize Tiger Do Jang, Inc. and its agents to have my Child or Children _____ Treated by the physician listed below or a physician of their choice.

Physician's Name _____ Phone # _____ - _____ - _____

Hospital Preference _____ Phone # _____ - _____ - _____

I UNDERSTAND TIGER DO JANG KARATE INC. DOES NOT PROVIDE ACCIDENT INSURANCE AND REGISTRATION FEES ARE NON-REFUNDABLE.

Student/Parent/Guardians Signature _____ Date ___ / ___ / ___

