



New Student Enrolment Form

Korean Martial Arts Since 1994

Please complete this form in BLOCK letters

Student Information				Date / /	
Name					
Date of Birth		Age		Sex	
Address					
Suburb				Post Code	
Phone		Mobile			
E-Mail					
Profession					
Medical Condition					

Parent / Guardian Information					
Name					
Address					
Suburb				Post Code	
Phone		Mobile			
E-Mail					
Profession					

Classes enrolled in:		
<input type="checkbox"/>	ONCE-A-WEEK (1 training session a week)	
<input type="checkbox"/>	FLEXIBLE PLAN (2 or more training sessions a week)	
<input type="checkbox"/>	UNLIMITED (2 or more Martial Arts)	
<input type="checkbox"/>	TAEKWONDO	<input type="checkbox"/> HAPKIDO
		<input type="checkbox"/> KUMDO