



7754 State Road 72
Sarasota, FL 34241
www.KarateSarasota.com
Phone 941-926-0355
Fax 941-926-2907

Mommy
& Me
TAEKWONDO!

8-week session \$50
Registration Date _____

DATE _____ STUDENT NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

SCHOOL YOUR CHILD ATTENDS _____ SEX M F

HOW DID YOU HEAR ABOUT US _____

DATE OF BIRTH: _____ AGE _____

PARENTS NAMES: _____

PARENTS NAMES: _____

GRANDPARENTS NAMES (IF INVOLVED IN TRANSPORTATION) _____

HOME PHONE _____ WORK PHONE _____

CELLULAR PHONE _____

EMAIL ADDRESSES _____

HAVE YOU TRAINED IN MARTIAL ARTS BEFORE? _____

WOULD YOU LIKE TO EARN YOUR BLACK BELT? _____

CURRENT ATHLETIC ACTIVITIES _____

DO YOU HAVE ANY MEDICAL PROBLEMS THAT YOUR INSTRUCTOR SHOULD BE AWARE OF?
(if yes, please explain on the back of this page) _____

DO YOU HAVE ANY LEARNING OR PHYSICAL CHALLENGES (ADD, ADHD, ETC) This is asked
only to benefit the student _____

ARE YOU AWARE THAT WE OFFER A MULTI-FAMILY DISCOUNT ? _____

****PHOTO RELEASE**** I hereby authorize Trautwein's ATA to publish photographs and/or video of myself and/or the minor child listed on this form, and our names and property, for use in Trautwein's ATA's print, online and video-based marketing materials, as well as other publications.

NOTICE: THE ACADEMY URGES ALL MEMBERS TO OBTAIN A PHYSICAL EXAMINATION FROM THEIR PHYSICIAN PRIOR TO THE ATTENDANCE IN ANY TAEKWONDO OR PROTECH CLASS, IN RECOGNITION OF THE POSSIBLE DANGERS CONNECTED WITH ANY PHYSICAL ACTIVITY. MEMBER(S) HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT OF CAUSE OF ACTION OF ANY KIND WHATSOEVER ARISING AS A RESULT OF SUCH ACTIVITY FROM WHICH LIABILITY MAY OR COULD ACCRUE TO THE ACADEMY, ITS OFFICERS, AGENTS, EMPLOYEES OR INSTRUCTORS.

I HAVE READ THE ABOVE _____ Signature of Parent or Legal Guardian