



NEW STUDENT INFORMATION SHEET

Part A: Student Information (Please Print)

Student Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Current Age: _____

Email (Parents): _____

Name of School: _____ Grade Level: _____

Does your child have any history of disciplinary issues? Y N

Does your child have any learning disabilities? Y N

Explain: _____

Whose idea was it to try Tae Kwon Do (TKD)? *Child* *Parent*

Please list any physical disabilities your child has that may affect their training with TKD

How long do you plan to be in the area? *Months/Years* _____ *Forever*

Part B: Waiver of Injury

Guest Student represents that he or she is in good physical condition and able to use the equipment and space provided to participate in exercises and martial arts programs made available by Jackie Curriel or any of JRI Begins LLC or Legacy Martial Arts LLC affiliates, hereinafter referred to as "JRIB" or "LMA". JRIB/ LMA represents that its personnel are trained in providing exercise programs and instruction and the proper use of its equipment. JRIB further represents that its personnel have no expertise in diagnosing, examining, or treating medical conditions of any kind or in determining the effect of any specific exercise on said medical condition. Guest Student fully understands and agrees that in participating in one or more of the martial arts programs, or using the facilities maintained by JRIB/ LMA, there is the possibility of accidental or other injury. Guest Student agrees to assume the risk of such injury and further agrees to indemnify JRIB and its personnel from any and all liability on the part of JRIB/ LMA by either the Guest Student or third party as the result of the use by the Guest Student of the facilities and instructions offered by JRIB. **By signing below, you certify that you understand and comply with this waiver.**

Print Name (Parent or guardian if student under the age of 18):

Signature (I certify that I have read the above waiver and I am at least 18 years of age):

Date: _____



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QUESTIONNAIRE:

1. What motivated you to come see us today?

2. How long have you been thinking about taking the martial arts?

Not too long Couple months Over a year

3. If you have been thinking about taking the martial arts for over a couple months, what stopped you from starting back then?

4. Are you familiar with the Jhoon Rhee name? *Yes No*

5. Circle the benefits you would like to gain from your martial arts training.

Self-Defense	Weight Control	Physical Fitness	Academic Achievement	Flexibility
Coordination	Self-Confidence	Self-Control	Self-Discipline	Goal Setting
Self-Motivation	Balance	Focus	Leadership	Perseverance
Positive Attitude	Respect	Obedience	Muscle Tone	Stress Management

6. What other team sports/activities have you/ do you participate in?

Soccer	Baseball	Football	Basketball	Hockey	Lacrosse	Golf
Track/Running	Ballet	Gymnastics	Cheerleading	Swimming	Other _____	

7. If accepted into our school, can you apply at least 15 minutes per day practicing at home? **Yes No**

8. If accepted into our school, would you set a goal to become a Black Belt, or just learn a few basics?

9. If accepted into our school, will you be the best you can be at home, at school, and at TKD? **Yes No**

10. If accepted to our school, will you abide by the following student creed? **Yes No**

To build True Confidence through, Strength in my Body, Honesty in my Heart, and Knowledge in my Mind. To keep friendship with one another and to build a Strong and Happy community. Never fight to achieve selfish ends, but to develop

MIGHT FOR RIGHT!

FOR STAFF ONLY:

Information Date: _____ Information Source: _____

Intro Fee: _____ Uniform Size/Brand: _____ *In-House Online*

Date Enrolled/Expires: _____ Notes: _____

Payment Received | Schedule given | Student Manual given | Uniform given | ID card made | Email address entered