

Parent or guardian for student

HapkidoTaekwonDo**Institute**

210 Division St. Kingston, PA 18704 287-4290 (school) 760-0077 (cell)

http://www.htkdi.com info@htkdi.com



New Student Enrollment Form

STUDENT #:		
NAME:	DATE:	
ADDRESS:		
HOME PHONE:	BUSINESS PHON	E:
DATE OF BIRTH:	E-MAIL:	
PARENTS NAME IF ENR	OLEE IS A MINOR:	
 The undersigned, for the purfollowing manner: A. Month by month pay B. Three month introdu Enrolled students whose tuit A. To attend as many w B. To participate in production C. To participate as an affield of martial arts of tournaments. It is understood and agreed to this school shall not be liable which are part of this school which are part of this school of the undersigned, upon to conduct myself in a manner of the bring disgrace upon the school. 	rpose of enjoying the benefits of incomments due the first of each month actory special rate of \$119 (include tion is paid current will be permitted to the permitted to the season which this school may be a part that all tuition and testing fees are nool instructors in all ways and it is the for any damages or injuries arising being permitted to join your school of a student in my daily life and in	es uniform / 1-time only) ed: in (min 2/wk recommended) ool in such functions or activities in the icipant such as demonstrations and non-refundable. Is understood and agreed that ing from lessons and/or activities ol will obey the rules and will endeavor class and will never do anything to class or in my daily life is immediate
Dated this	day of	
Student or		 Institute