MooDuk Lwan Inlimited

PLEASE NOTE: The things in <u>red</u> MUST be filled out. The other things would would help greatly for various other reasons regarding the class.

| TODAY'S DATE |
|---|
| FULL LEGAL NAME (NO NICKNAMES) |
| AGE |
| ADDRESS (PLEASE INCLUDE CITY, STATE, and ZIP CODE) |
| CONTACT AND EMERGENCY PHONE |
| E-MAIL ADDRESS |
| ARE YOU ON FACEBOOK? (YES/NO) CAN WE ADD YOU AS A FRIEND FOR UPDATES? (YES/NO) |
| IN GENERAL GOOD HEALTH? (Y/N) IF NO, LIST ANY/ALL MEDICAL/MENTAL |
| PROBLEMS OR CONCERNS(WRITE ON |
| BACK IF NECESSARY) |
| HEIGHTWEIGHT |
| HAVE YOU EVER TRAINED IN MARTIAL ARTS? (Y/N) IF YES (to the best of your |
| knowledge,) GIVE THE INSTRUCTORS NAME, MARTIAL ARTS SCHOOL, AND THE |
| HIGHTEST RANK/BELT OBTAINED(write on back, if necessary) |
| WHY ARE YOU INTERESTED IN TRAINING MARTIAL ARTS? Self defense weight |

WHY ARE YOU INTERESTED IN TRAINING MARTIAL ARTS?_Self defense_weight loss/managment_learn the art___show off to friends_wanting to do some of the things you seen on television __self discipline_rank advancement_other (specify on back)

By signing, I understand that I have informed the instructor/sabonem of any and all medical conditions that are of any concern of the applicant. I also agree that I release MooDukKwan Unlimited, Vinaris M. Scott, and anyone he has left as the designated instructor from any liability regarding training of this martial art.

Signature

IF YOU ARE UNDER THE AGE OF 18, you MUST have parent or legal guardian sign