



# Tae Kwon Do Fusion Registration Form

Child's Name: \_\_\_\_\_  
Last First Mid. Initial Sex

Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Date of Birth: \_\_\_\_\_ Today's Date \_\_\_\_\_ Grade \_\_\_\_\_ Special Ed. \_\_\_\_\_

School: \_\_\_\_\_ Child's reason for studying TKD: \_\_\_\_\_

Home Phone No: (\_\_\_\_) \_\_\_\_\_ Mother Cell: (\_\_\_\_) \_\_\_\_\_ Father Cell: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Referred By: \_\_\_\_\_

Best time to attend a parent-only meeting \_\_\_\_\_

Parents' goals for child in martial arts \_\_\_\_\_

Allergies or dietary restrictions \_\_\_\_\_

Child's sensitivities: \_\_\_ Touch \_\_\_ Loud noises \_\_\_ Bright Lights \_\_\_ Tight Clothing

\_\_\_ Temperature \_\_\_ Other: \_\_\_\_\_

Brief history and social/behavioral concerns: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Treating Psychologist and/or Psychiatrist: \_\_\_\_\_

Medications: \_\_\_\_\_

Other therapy: \_\_\_\_\_

### PERMISSION FOR PHOTOGRAPHS

I hereby give permission for Michelle Martin, Ed.S., to use photographs or video images of my child for instructional/educational or promotional purposes for Insight Learning & Wellness's martial arts program. The images could be used in education materials such as books and videos, and/or promotional materials such as brochures and/or advertisements.

Please enclose a check or provide the following credit card information: Type: VISA \_\_\_ MC \_\_\_ AMEX \_\_\_  
Card #: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_  
Billing address is same as above: Yes \_\_\_ No \_\_\_  
**Fees = \$870 (12 weeks @ 2x week: \$775 + \$95 for 1st-time materials & equipment)**

**Uniform Sizing**  
Provide the following measurement information for ordering the TKD uniform:  
Clothing Size: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_

\_\_\_\_\_  
PARENT's SIGNATURE

\_\_\_\_\_  
DATE