



MEMBERSHIP APPLICATION FORM

FEES PAID TO

BELT GRADING DATE:

STUDENT INFORMATION (please print) _____

Yellow Stripe _____

NAME: _____

Yellow Belt _____

ADDRESS: _____

Green Stripe _____

Green Belt _____

TELEPHONE, HOME: _____

Blue Stripe _____

WORK: _____

Blue Belt _____

DATE OF BIRTH: _____

Red Stripe _____

SEX: _____ HEIGHT: _____

Red Belt _____

E-MAIL ADDRESS: _____

Black Stripe _____

Black Belt _____

MEMBERSHIP AGREEMENT:

The Lakeside Seikido Club will provide competent instructors for teaching the lessons. Qualified black belt instructors, at extra charge and at times to be determined by the instructor, will conduct certified belt promotion examinations. The training hall is provided by agreement with its representative, and the student agrees to abide by all the rules of conduct associated with the facilities.

Strict observation of the rules and instructions related to the training should eliminate the possibility of injury. The undersigned student, parent/guardian, recognizes that martial arts instruction includes strenuous activity and body contact, and agrees to waive any future claims for damages against The Lakeside Seikido Club, its executives, members, instructors, sponsors, or associates, and against the Forest City Tae Kwon Do organization. I, the undersigned student, assume full responsibility for all my actions in connection with the training.

I agree to allow the Lakeside Seikido Martial Arts Club to photograph my family or myself during our involvement with the organization. I understand these photographs may be used for displays, brochures, the Internet, and other material to describe and promote the Art of Seikido.

The student agrees to take lessons for _____ term _____ year(s) with the Lakeside Seikido Club for the tuition fees, terms, agreement, and arrangements as indicated above.

Dated: _____

Witness

Student Signature

Parent or Guardian