

MET Tae-Kwon-Do Academy

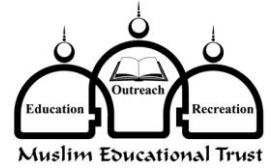
10330 SW Scholls Ferry Road

Tigard, OR 97223

(503) 579-6621

metpdx93@yahoo.com

www.metpdx.org



REGISTRATION FORM

Please print clearly. Parents may only register their own children. You may register up to three participants per form.

PARENT/GUARDIAN INFORMATION

Mother's Name: _____

Father's Name: _____

Mother's Email: _____

Father's Email: _____

Mother's Cell#: _____

Father's Cell#: _____

Home Address: _____

Home Phone#: _____

Street

City State Zip

EMERGENCY CONTACT INFORMATION

First Name: _____

Last Name: _____

Relation: _____

Home Phone: _____

Cell Phone: _____

PLAYER/PARTICIPANT INFORMATION (please circle which term)

Full name: _____

Grade: _____

Session: Fall Winter Spring Summer

Full name: _____

Grade: _____

Session: Fall Winter Spring Summer

Full name: _____

Grade: _____

Session: Fall Winter Spring Summer

DRESS: All participants are required to wear Tae-Kwon-Do Uniforms and required gear for their level. Level will be determined by instructor.

FEES: Fees (including testing) are: **\$150** per student; **\$125** per additional sibling

Additional fees:

Uniform: **\$30** per participant

Sparring gear: **\$50** per participant (for Intermediate and Advanced Levels ONLY)

Parents will be notified ahead in case of any cancellation of practice.

I have read, fully understand, and agree to the terms of this application and I fully understand that in case my child violates any of the MET Tae-Kwon-Do Academy rules and/or code of ethics, I will be called to pick him/her up immediately.

Parent's/ Guardian's Signature (Required)

Today's Date