



Aspen Moo Duk Kwan

435 Main St Aspen, CO 81611 970-948-6694

SOO BAHK DO STUDENT INFORMATION SHEET AND WAIVER

Please print and fill out this form and bring to class.

STUDENT'S INFORMATION

Last _____ First _____

School _____ Grade _____

Birthday _____ Age _____

Any health or physical restrictions we should be aware of? _____

PARENT'S INFORMATION

Mother's Name _____ Father's Name _____

Parent's Occupations _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Please tell us how you found out about us: _____

PLEASE READ AND SIGN THIS WAIVER:

I hereby stipulate that my child is physically sound enough to proceed with a normal routine of martial arts training. The undersigned further stipulates that he/she is fully insured by an Accident or Medical Insurance that will cover any personal injury or illness that may occur as a result of activities related to participation as a member of Aspen MDK Inc.

Aspen MDK Inc. and its instructors, employees, officers or fellow students shall not be held responsible for accidents, injuries, illness, or loss of personal property, suffered while on the school premises, or during classes, demonstrations, tournaments, and other martial arts related activities conducted away from the premises of the school.

Parent/Guardian _____ Date _____