



Soo Bahk Do of Cary New Student Registration



Please bring completed form to your first class
This is NOT a liability release form

_____		_____		_____	
First Name		Last Name		Preferred Name	
_____	_____	_____	_____	_____	
Age	Grade	Gender		Legal Guardian Name	
_____			_____		_____
Address			City		State
_____			_____		
Phone Number			Email Address		
_____		_____		_____	
School (if under 18)		Degrees Earned (adult)		Occupation (adult)	
Y / N	_____	_____		_____	
Military	Emergency Contact		Emergency Phone #		

Relevant Medical Information (allergies, medications, medical conditions)

Learning Disabilities (and how we can help!)

Soo Bahk Do School Transfer (region, school, instructor, Dan Bon, phone#, current rank & last test)

Previous Martial Arts Experience (style, instructor, rank, and years practiced)

To the best of my knowledge, the information I have provided is complete and accurate.

_____	_____
Student Signature	Date

_____	_____
Legal Guardian Signature	Date