

J. R. Miller Martial Arts Class Registration Form

<u>STUDENT INFORMATION</u>	
Student Name:	E-Mail: (Optional)
Mothers Name:	E-Mail:
Father Name:	E-Mail:
<u>HOME ADDRESS</u>	
Street:	
City:	APT. #
State:	ZIP Code:
<u>PERSONAL INFORMATION</u>	
Date of Birth:	Height:
Male/Female:	Weight:
Current Age:	
<u>PHONE INFORMATION</u>	
<u>Home</u>	<u>Cell:</u>
<u>Previous TKD Schools Attended</u>	
Name of School:	
Rank Held:	
<u>Medical Conditions/Prescriptions</u>	
<u>Comments</u>	
Signature:	Date.