

Eastern Defensive Arts Academy Introductory Program Application



MEMBER INFORMATION

Student Name: _____

If under 18, Parent/Guardian: _____

Age: _____ Date of Birth: _____ Male Female

Address: _____

City: _____ State: **PA** Zip: _____

Phone: Home _____ Cell _____ Work _____

E-Mail: _____

INTRODUCTORY PROGRAM

Preschool ages 4, 5, 6. **Junior** ages 7 - 12 **Teen & Adult** ages 13 - up

Two week TKD Introductory with Uniform \$49.00 Expires: _____

Two week Fitness Kickboxing Introductory with Gloves \$49.00

Other introductory special or offer: _____

_____ I understand that under the terms of this agreement, Eastern Defensive Arts Academy will furnish me with competent
initial instruction and suitable facilities for receiving lessons. All classes are supervised by qualified staff.

_____ This program includes stretching, running, jumping and physical exertion. The student hereby represents that he/she is
initial physically fit, and is in good physical health to take the prescribed course of instruction. It is your responsibility to get a physicians approval if your health is in question.

_____ I understand that Eastern Defensive Arts Academy is not, and will not be held liable for injuries, damages, etc. not
initial caused by or resulting from the negligence of the owner, operators, staff, or persons in charge of establishment.

Signature: _____

Date: _____