



Hoosier Taekwondo, LLC

Registration Form for event

Participants Name: _____ Date of Birth: ____/____/____

Parent(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Gender: M/F Email: _____

Home Phone: _____ Work Phone: _____

Cell: _____

Emergency Information

(If different than above)

Name: _____ Relationship: _____

Phone: Cell/ Home: _____ Drop off/Pick up _____

Name: _____ Relationship: _____

Phone: Cell/Home: _____ Drop off/Pick up _____

Medical Information

Medication: _____ **Instructions for taking Medication**

Allergies: _____

Cost Information

(The discounted rate only applies to siblings of the same family. No Exceptions)

_____ \$30.00 per child _____ \$25.00 per 2nd child (sibling) _____ \$15.00 per 3rd child

Total: _____

Note: This includes 21 hours of sitting service, food, craft, movies and games

NOTE: By completing and submitting this online application form, you are here by giving Hoosier Taekwondo, LLC permission to add you to our mailing list for future events and specials. If you wish not to be contacted by Hoosier Taekwondo in the future please notify us via email.