



## Registration Information Form

(Please read entire form and fill out all information fields)

Name \_\_\_\_\_

Gender  Male  Female

Date of Birth Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Home Phone Number (902) \_\_\_\_\_ - \_\_\_\_\_

Work Phone Number (902) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone Number# (902) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address Street : \_\_\_\_\_

Town : \_\_\_\_\_ Postal : \_\_\_\_\_

Email Address \_\_\_\_\_

(we may send you updates from time to time, if you wish to opt out of this please let one of our staff know.)

Occupation \_\_\_\_\_

Spouses Name \_\_\_\_\_

Any Medical Risks / Allergies  Yes  No

(If so please identify) \_\_\_\_\_

How did you hear about us?  Groupon  Sign  Flyer  Internet  Billboard  Friend  Other

(If friend / other please specify) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ 2011

**We do not sell, solicit, or share any of our members information.**

**\*\*All monies are non-refundable. Memberships are non transferable.**

A qualified Instructor conducts all classes. All techniques are supervised, but sometimes are more difficult for certain individuals. Please consult your doctor before starting any classes. After consulting your physician, if at any time you feel shortness of breath, pain, or discomfort, please feel free to step out of class and consult a physician or instructor. Upon signing this I understand and agree to waive, release, and forever discharge any and all rights and claims for damages which may occur against Grasshoppers Taekwondo Ltd. Its directors, and / or all persons associated with Grasshoppers Pilates / Yoga (Grasshoppers Holdings Limited)