

TEIYDO (TAIYODO) SCHOOL OF SELF-DEFENSE, LLC APPLICATION

Student Name:

Address:		
Phone: _	Date of Birth	
Age:	Student ID#	(School Assigned)
		Date:
	Notice Please read in	formation carefully and sign below.
	APPLICAT	ION AND AGREEMENT
DEFENSE, LL the execution o regulations whi	C, hereafter referred to as the f this application form. I here	rendered by the TEIYDO (TAIYODO) SCHOOL OF SELF-SCHOOL, and upon acceptance by the school as indicated by by agree to obey and follow all the SCHOOL rules and the keeping of the orderly operation of such SCHOOL and for
health and has i		nuardian or representative, state the applicant is in good on that would be aggravated by participation in the
		cical injury may be involved in practicing the martial arts ules and instructors discipline.
injuries to the a		ian or representative, do hereby waive any claim for her property, which may be brought about as a result of
		Date:
Name of studer	nt	
		Date:
Instructor		
		Date:
Authorized Gua	ardian/ Representative	