

Childs Name						
	Grade	Age	Date of Birth	/	/ Gender <u>N</u>	<u>/ F</u>
Guardian Name	e:				Phone #:	
<b>Current Addres</b>	ss:				City:	
State:	_ Zip Code <u>:</u> _		Email Address:			
Marital Status:	☐ Married	☐ Single	☐ Other:		Occupation:	
Any Medical Co	onditions: NO	If Y	Yes:			
On Any Medica	tion: NO	If Y	es:			
In Case of Emer	rgency Conta	ct Name			Relationship	
waiver of L in injury, illness or assume full respon involved parties in assigns from any a LEEHAN HAS 1.) If you disrespec 2.) If you do not fo 3.) If you are behin agreement). 4.) There should no SPECIAL NOT ***I recognize that tournament fees, sp ***I recognize that tessons, uniforms, ***I recognize that ***I recognize that ***I agree to purch sources to acquire *** I acknowledge photographs with	IABILITY, I reven death. I a assibility for any acluding LeeHand all liability of THE RIGHT of the reputation of the any Solici ES PLEASE at there will be be pecial events, put there are No Esparring gear of the there is a no cat students requires all class received and the course of the there is a no cat the course of the	am aware that accept any and loss of person in, all affiliates or claims by many and the country of the country	t participation in LeeHal all inherent risks associal property or damage of all property or damage of officers, employees, che, members of my fam EL ANY AGREEM regulations (No warning unition more than 3 more the school area by stude REFULLY: ent testing fees (promote, special classes, equipme following: enrollment ms purchased.  olicy on all agreements a minimum of two to the school to the school area by stude of the school area by school area by stude of the school area by stude of the school area by stude of the school area by school area by stude of the school area by	an activities, classiated with particoccurring at this contracted personally, estate or heiden the contracted personally, estate or heiden the contracted personally, estate or heiden the contracted personally estate or particolar testing is ment, & prospholy the fees, tuition feets. Please review the contracted before the contracted t	OUT REASON FOR THE FOLIA ). DO CANCELLATION CHARGES ADDRESS AD	tain risks that could result devents. I also accept and dhold harmless all stants, successors, and/or OLLOWING:  to the termination of your other month), seminar fees onthly tuition fees. all events, seminar, private all its rules. gree black belt test. will not go to third party
					D	,
Guardian Signatu	ure				/	_ /



## **Tuition Programs**

Kukkiwon Black Belt Program includes weekly 55 minutes lessons. Monday's class (3:05pm~4:00pm) will begin \_ September 16th, 2024 and will continue each MONDAY at the same time weekly until May 19th, 2025. To help keep track this year the class dates are below:

$$Oct - 7, 21, 28$$

$$Nov - 11, 18$$

$$Dec - 2, 9, 16$$

$$Jan - 6, 13, 27$$

$$Feb - 3, 10, 24$$

$$Mar - 3, 10, 17, 24$$

$$May - 5, 12, 19$$

The monthly fee for the program is \$104.00 per month (includes a month of classes). But if you are new for this program, the first month will be added Enrollment fee \$100 including a uniform, belt, & pre-recorded video lessons online. Payments will be charged to your credit card automatically on the 1st of each month (or you can use your personal check to pay). If you prefer, you may Pre-pay the full amount. You will save 10% and also plus \$90 Enrollment fee (if you are new to join).

Туре	<b>Tuition Fee</b>	<b>Enrollment Fee</b>	Why LeeHan is Special		
Monthly for New Student	\$104.00	+ \$100 (only one time)			
Pre-pay for New Student	\$843 (Sep ~ May)	+ \$90 (only one time)	Online Alternative Learning Available		
Monthly for current Student	\$104.00	None			
Pre-pay for Current Student	\$843 (Sep ~ May)	None			

Program Typ	e: Pre-pay	Pre-pay for New Student Program or Monthly for New Student Program						
	Pre-pay	for Current St	tudent Program	or M	onthly for C	urrent Stude	ent Program	1
Payment:	CHECKING _	VISA	Master	AMEX	Discover	•		
Routing (for	checking):							
Account or C	ard #:							
Expiration Da	ate:/	CVV #:	Zij	Code:				
		Payments wi	ill be processed	d: 9/16, 10/1, 1	1/1, 12/1 20	24 and 1/1,	2/1, 3/1, 4/	1, 5/1 2025
Account or C	ard holder Name	·				_		
Account or C	ard holder Signa	ture				_Date:	/	_ /



## **Only For New Student**

## **Uniform Order Form**

Uniform Size	Clothing Size	Height Feet	Height CM	Max. weight
000	Child Small	3'6"-3'9"	120 Cm	50 lbs
00	Child Small	3'9"-4'2"	130 Cm	60 lbs
0	Child Medium	4'2"-4'5"	140 Cm	75 lbs
1	Child Large	4'6"-4'9"	150 Cm	90 lbs
2	Ch XL, Adult XS	4'9"-5'2"	160 Cm	110 lbs
3	Adult Small	5'2"-5'5"	170 Cm	140 lbs
4	Adult Medium	5'6"-5'8"	180 Cm	170 lbs
5	Adult Large	5'8"-6'0"	190 Cm	200 lbs
6	Adult 1xLarge	6'0"-6'2"	200 Cm	230 lbs

Please Order Based Upon The Table Above. Call if you have any questions 815-932-2009 (text & call)

\*Student Name \_\_\_\_\_\_

\*Uniform Size \_\_\_\_\_\_