



# H.M.D. ACADEMY

## CHICAGO

### Enrollment and Waiver Form

**Participant(s) Taking Class:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Room #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Room #: \_\_\_\_\_

**Tuition** (22 Classes, November 28 – February 22) : **\$308** **Uniform** (mandatory at first enrollment): **\$35**

Make Checks Payable to: H.M.D. Academy Chicago or Credit Card Payment:

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Complete if Participant is a minor – Parent/Guardian:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

One of the main benefits of the H.M.D. System is our willingness and ability to work directly with you on any or all concerns you may have. Please check over the list below and mark the line by your appropriate concerns. In the spaces below, rank the five areas which most apply to you, with one indicating the highest priority.

- |   |  |
|---|--|
| <input type="checkbox"/> School Work                      | <input type="checkbox"/> Self-Defense              |
| <input type="checkbox"/> Relationship / Respect           | <input type="checkbox"/> Emotional (Self-Esteem)   |
| <input type="checkbox"/> Responsibility (Self-Discipline) | <input type="checkbox"/> Fun / Social              |
| <input type="checkbox"/> Behavior                         | <input type="checkbox"/> Art Itself                |
| <input type="checkbox"/> Physical Fitness                 | <input type="checkbox"/> Learn Skill /Coordination |
| <input type="checkbox"/> Relaxation / Stress Management   | <input type="checkbox"/> Inter-cultural Experience |
| <input type="checkbox"/> Living up to Potential           | <input type="checkbox"/> Focus                     |

I understand that by signing this agreement, I am entitled to participate in an introductory *Tae kwon Do* lesson through H.M.D. Academy at no cost. If this is for a minor or dependent child, my signature grants permission for their participation in this introductory offer.

I, the undersigned, further do hereby, for myself, heirs, and assigns, release and hold harmless H.M.D. Academy, including, but not limited to, its officers, employees and instructors, for any damages or injury sustained or caused as a result of participation in any class, event or special promotion held through any H.M.D. Academy. In addition, I consent to the use of photographs or images of me and/or my child(ren) by H.M.D. Academy for promotional purposes without compensation.

Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_



# H.M.D. ACADEMY CHICAGO

*John C. Coonleys'*  
*Tae Kwon Do*

## ***PARENTS!!***

The HMD Academy Tae Kwon Do program's goal is the development of character. Our training method begins with one's physical coordination and bridges the principles of integrity, perseverance and visualization into social and academic development. Goal setting and an essay in addition to the physical performance are required for promotion. Uniform fee is \$35.

### **The Rewards of Training at H.M.D. Academy Chicago:**

#### Physical

Increased Strength  
Improved Flexibility  
Balance and Coordination

#### Mental

Assertiveness--  
*Without Aggression*  
Self-Discipline

#### Philosophical

Goal Setting and Essays  
Non-competitive training  
Critical Thinking

### **Class Schedule:**

**Tuesday and Thursday 3:35-4:20 PM**

Submit Enrollment/Waiver Form to Main Office with payment

For further Information Visit or Call

**[www.TaeKwonDoChicago.com](http://www.TaeKwonDoChicago.com)**

**773.549.0285**