



New Student Vovinam Registration Form

Today's Date ____/____/____

<input type="checkbox"/> Vovinam VVN Beaverton 4760 SW 160th Ave, Beaverton, OR 97007 (714) 722-2802 Huấn Luyện Viên: Lê Khánh Long	<input type="checkbox"/> Vovinam Chi Lang 11525 OR-212, Clackamas, OR 97015 (503) 881-8381 Huấn Luyện Viên: Dr. Anthony Phạm	<input type="checkbox"/> Vovinam Salem 4545 Ward Dr NE, Salem, OR 97305 (503) 999-6982 Võ Sư: Nguyễn Thanh Phong
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Student's Information

Student's Name: _____ Date of Birth: ____/____/____
 Address: _____ City: _____ State: ____ Zip: _____

Parent/Legal Guardian Information (if under 18)

Mom's Name: _____ Home Phone (____) ____-____
 Occupation: _____ Cell Phone (____) ____-____
 Email Address: _____
 Father's Name: _____ Home Phone (____) ____-____
 Occupation: _____ Cell Phone (____) ____-____
 Email Address: _____

How did you hear of Vovinam?

Please check one:

Advertisement: _____ Walk-in Social Media
 Friend, Name: _____ Guest Pass Buddy Day
 Special Event: _____ Website Birthday Party

Previous Martial Arts experience? ____ Yes ____ No If "YES," how long did child attend: _____

Please explain the style: _____

Name previous Martial Arts School Attended: _____

What is the reason for joining Vovinam?

Please check all that applies:

Focus Respect Self-defense
 Physical Fitness Self-confidence Self-discipline

Enrollment Questions:

1. Can your child attend at least 2 classes per week? ____ Yes ____ No
2. Do you and your child understand the discipline of Martial Arts? ____ Yes ____ No
3. Will you encourage your child to commit to a goal to develop greater self-discipline and improve his/her overall health and well-being? ____ Yes ____ No
4. Are you interested in signing your child up for additional private practice sessions? ____ Yes ____ No
4. Is the student in good health? ____ Yes ____ No

Medical History:

Do any of the students mentioned above have any medical, physical and/or behavioral conditions that the instructor should be notified of? (i.e., Autism, ADHD, MMR, language delay, asthma, heart conditions, muscular conditions, etc.) _____

Release:

The undersigned parent/guardian understands the risk of studying martial arts and hereby releases Phat Quang Temple Organization, Vovinam Oregon, Chi Lang Vovinam, LLC, owner, registered members, agents, all instructors, and all students of Vovinam classes in Oregon from any and all liabilities for any type of injuries, illness, death as well as damage or loss to property sustained while training, studying, practicing, or in the application of martial arts. The undersigned also states that the participant is in good physical condition and knows of no reason why he/she cannot study martial arts. In the event of an emergency, I hereby authorize any licensed medical personnel to perform any medical procedure deemed necessary and agree to bear the expense of any such treatment.

I have carefully read this agreement. I understand its contents and sign it with full knowledge of its significance.

Signature of Responsible Party _____ Date: ____/____/____

In case of an emergency, call: Emergency Number: (_____) _____ - _____

Name & Relationship to Student _____