



PIPPA'S
Health Centre Limited
The Fitness Professionals



TAEKWONDO REGISTRATION FORM

Pippa's Health Centre Ltd. P.O. Box 2969, Accra

5th Ringway Link, Ringway Estates

Tel: (0302) 224488

Email: mfdacoordinator@gmail.com , pippa@pippasfitness.com

Surname	Nationality
Other Name(s)	Address
Date of Birth	Telephone
Sex	School
Parent Name	Mobile Phone
Address	Office No.
E-mail	Home No.

Please indicate any form of martial arts learned or practiced before:

Level of Proficiency attained:

Please indicate any physical/medical condition(s) requiring special attention

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PARENTAL CONSENT

I hereby give my permission to enter my child In the

Taekwondo Fitness Class at Pippa's Health Centre.

Parent's Signature:

Date:/...../.....

TERM FEE..... \$ 215

CASH

CHEQUE