



-----> 10 E Moonachie Street, Hackensack, NJ 07601 | P: (201) 229-9567



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Prior Medical Condition(s) Declaration

Student Name: _____

Admission Date: _____

Parent/Guardian Name: _____

I hereby Certify: I, _____, the student/
guardian/parent of the above said student, certify that I / My
Child has following prior medical condition(s) and I am aware
that these medical condition(s) will not interfere with my Martial
Arts training that requires intense workout:

Student Signature: _____

Parent/Guardian Signature: _____

Sil Jeon Do Representative: _____

Date of Signatures: _____

"To be a true martial artist you must show –
Strength in every step; **Respect** in every breath; **Bravery** in every move; and **Discipline** of mind, body, and soul."