

KOREAN TAE KWON DO SCHOOL REGISTRATION FORM

REGISTRATION INFORMATION

Applicant's Name: Last _____ First _____ Middle Initial _____ Date of Birth: (mm/dd/yy) _____

Present Address: _____ City, State, Zip _____ Phone _____

Permanent Address: _____ City, State, Zip _____ Phone _____

Occupation: _____ Full Time _____ Part Time _____ Phone _____

Employer or School Attending: _____ City, State, Zip _____

Marital Status: _____ Spouse/Parent/Guardian _____ Phone _____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Any physical handicaps? _____ High blood pressure? _____ Heart disease? _____ Lung disorder? _____

If YES, your family physician's name: _____ Phone _____

AGREEMENT & LIABILITY WAIVER

I understand that under the terms of this agreement, the school obligates itself to furnish me with a competent instructor and facilities for teaching the lessons and that this agreement is non-cancellable. The length of time allocated for the lessons is prorated at a minimum of two lessons per week. Failure to take lessons in the allocated time invalidates the lessons beyond that date. It is further agreed that my failure to take all lessons contracted for shall not relieve me of my obligation to pay the total tuition herein agreed upon. I further understand that no refunds for any tuition paid shall be made by reason of my absence or withdrawal. Lessons are not conducted on national holidays or on days of Association-sponsored Tournaments.

In consideration of being accepted as a member, I the undersigned, agree to abide by the constitution and bylaws of this organization and all the applicable rules and regulations of Tae Kwon Do Schools and its affiliations, World Tae Kwon Do Federation or AAU. I, the undersigned, further, do hereby, for myself, my heirs, executors, administrators, and assigns; waive, release, and forever discharge any and all rights and claims for damages which I may have or which hereinafter accrue to me against School/Club, including its officers, employees, and instructors; the World Tae Kwon Do Federation or AAU, including its affiliated associations or its/their respective officers, agents, representatives, successors, and/or assigns, for any and all damages which may be sustained and suffered by me in connection with my association with, or entry in, any practice, class, contest, examination, demonstration, tournament, or athletic event of School/Club, or which may arise out of my traveling to, participating in, or returning from such endeavor.

I, the UNDERSIGNED, further agree to waive any claims against CITY OF MOORHEAD, MN, and MARQUART'S TAE KWON DO and/or Eugene Marquart, Head Instructor, connected with Tae Kwon Do Karate lessons, demonstrations, and/or Tournament Championships for any injuries I may sustain. I fully understand that "TAE KWON DO" is a contact sport, and I am responsible for my own medical coverage.

FEE & SIGNATURE

Tuition Fee _____

Enrollment Fee _____

TOTAL PAID _____

Student Applicant's Signature

Co-Signer (Signature of Parent, or Guardian, if minor)

School/Club Representative

Association ID	Name: Last	First	Middle	Date Started	Expire Date	Payment Due	Registration Number
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