



Start Date: ____/____/____
Expiration Date: ____/____/____

Registration Form

Participant's Name _____

Age _____ Birth date ____/____/____ Sex: Male Female

Address _____

City _____ State _____ Zip _____

Telephone Home _____ Work _____ Cell _____

Email Contact(s) _____

Any Medical or Special Conditions _____

In case of emergency, please notify:

Name _____ Phone _____

Relationship _____

To be filled out if student is a minor (17 Yrs old or Under)

Mother's Name _____ Father's Name _____

Address _____ City _____ State _____ Zip _____

(If different from top information)

Mother's Phone _____ Father's Phone _____

Emergency Phone _____

Assumption of Risk, Waiver of Liability, Medical Authorization

Please Read the following information carefully. No participant will be admitted into the US TaeKwonDo Center program if this form is not signed by the participant or parent/legal guardian of minor. By signing this form, you are releasing all claims for injury you or the participant might sustain through this program.

I agree to assume full risk and to waive, relinquish, and release all claims I and or the participant may have against, indemnify, hold harmless, and defend US TaeKwonDo Center, Maumelle Parks & Recreation, City of Maumelle and the United States Traditional TaeKwonDo Association. This includes as well its officers, directors, shareholders, agents, employees, and servants from any such claims resulting from injury, damages, and loss sustained on account of participation in any US TaeKwonDo Center program or event now and in the future. I understand that I am responsible for all personal medical insurance. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by participant as a result of any injury sustained while participating in any US TaeKwonDo Center program or event now and in the future. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I or the emergency contact listed above cannot be reached. I understand that by participating in this program that the participant is subjecting them self to possible injury as participant is voluntarily engaging in a contact sport. I represent that participant is in good health and assumes responsibility for continued physical condition and capability to participate in the US TaeKwonDo Center training and related activities. I have read and understand this **ASSUMPTION OF RISK** and **WAIVER OF LIABILITY** and **MEDICAL AUTHORIZATION** and I **VOLUNTARILY** affix my name in agreement.

Participant/Parent or Legal Guardian

Date

Please Print Name