KOH TAE KWON DO (US JI DO KWAN)

Registration and Medical disclosure Form Date: _____

Student:		**Home Telephone #**	**Birthday**
Address:		**City, State, Zip**	
Mother Name:	**Mother's work #**	**Mother's cell #**	
Father Name:	**Father's work #**	**Father's cell #**	
Contact E-mail address:			

How did you hear about us?
Does your child have any previous Martial Arts experience? If yes, please describe how long, what type and where?
Medical conditions we should be aware of:
Does your doctor consent to join Tae Kwon Do?
Emergency contact – if parents cannot be reached: Name: Telephone #: Relationship:
Authorization for emergency Medical care in the event of illness or accident if parent/gardian cannot be reached. Signature of parents or Legal guardian:

I undersatnd that A) Koh TaeKwonDo is not responsible for the damages to or loss of personal belongings: B) the required fee is non-refundable in the event the students withdraws: C) the undersignee is voluntarily choosing the class with knowledge of risks and injuries might be involved and holds harmless Koh TKD. I hearby release from liability the Koh TKD and its employees regarding any injuries sustained by the above named students while in class or on studio premises. D) I hereby consent and agree that the photographs, artwork, video, writing, or other materials in which I (or my child/guardian) appear in relationship to Koh TKD and/or other affiliated TKD programs may be used in the production, publication, presentation or materials for advertising, website, video productions and the like. Materials will be used in good faith with the specific purpose of informing the public about the events, performances and ideals of the Koh TKD.

Singnaute of Consenting adult Date

For Koh TKD Use Only: Start Date: Level: Instructor: Class Day/Time: