**TAEKWON DO CAMP**

**REGISTRATION FORM**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE \_\_\_\_\_\_\_GENDER\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACTIVE STUDENT (Y/N) ? \_\_\_\_\_\_\_\_\_ IF YES, WHAT MARTIAL ARTS SCHOOL DO YOU ATTEND? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BELT LEVEL STATUS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
| **3 WEEKS MON-SAT****\*PLEASE INDICATE THE WEEK (S) SELECTED** | **MARK WITH X** | **$130** **PER WEEK** |
| **WEEK 1 (6/15- 6/20)** |  |  |
| **WEEK 2 (6/22-6/27)** |  |  |
| **WEEK 3 (6/29-7/3)** |  |  |
| **TOTAL WEEKS:** |  | **TOTAL AMOUNT:** |

***WAIVER AND RELEASE OF LIABILITY:*** THE SCHOOL URGES YOU AND ALL STUDENTS TO OBTAIN A PHYSICAL EXAMINATION FROM A DOCTOR BEFORE USING ANY EXERCISE EQUIPMENT OR PARTICIPATING IN ANY EXERCISE CLASS. ALL EXERCISES, INCLUDING THE USE OF WEIGHTS AND USE OF ANY AND ALL MACHINERY, EQUIPMENT, AND APPARATUS DESIGNED FOR EXERCISING SHALL BE AT THE STUDENT’S SOLE RISK. STUDENT UNDERSTANDS THAT THE AGREEMENT TO USE, OR SELECTION OF EXERCISE PROGRAMS, METHODS, AND TYPES OF EQUIPMENT SHALL BE STUDENT’S ENTIRE RESPONSIBILITY, AND THE SCHOOL SHALL NOT BE LIABLE TO STUDENT FOR ANY CLAIMS, DEMANDS, INJURIES, DAMAGES, OR ACTIONS ARISING DUE TO INJURY TO STUDENT’S PERSON OR PROPERTY ARISING OUT OF OR IN CONNECTION WITH THE USE BY STUDENT OF THE SERVICES, FACILITIES, AND PREMISES OF THE SCHOOL. STUDENT HEREBY HOLDS THE SCHOOL, ITS OFFICIERS, OWNERS, AGENTS AND EMPLOYEES HARMLESS FROM ALL CLAIMS WHICH MAY BE BROUGHT AGAINST THEM BY STUDENT OR ON STUDENT’S BEHALF FOR ANY SUCH INJURIES OR CLAIMS.

GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_