



# T-Fit Registration Form



<b>Agreement Type:</b> <input type="checkbox"/> Per Class <input type="checkbox"/> Month-to-Month <input type="checkbox"/> 3 Months		Begin Date:	
		End Date:	
<b>General Information:</b> <i>(Parent, guardian or adult participant)</i>			
Last Name:		First Name:	
Date of Birth:		Relationship to student <i>(if not self)</i>	
Address:			
City:		State:	Zip:
Home Phone:		Work Phone:	
Cell Phone:		Email Address:	
<b>Participant(s) Information:</b>			
First Name	Last Name:	Date of Birth:	
<b>Liability Waiver and Consent to Participate</b>			
<p>I do hereby give my permission and consent for myself and / or my child(ren) to participate in programs and activities sponsored by American TKD Martial Arts Center set forth on this Registration Form. I understand that for the activity for which I have completed this Registration Form may involve some risk of injury. I further understand that I and / or my child(ren) is participating at mine and /or his /her own initiative, risk and responsibility. I have had all my questions answered for me regarding the programs and activities, and I have received full disclosure of what the activities will be from American TKD Martial Arts Center.</p> <p>Therefore, in consideration of permission extended to me by American TKD Martial Arts Center, through its officers and agents, to allow my self and / my child(ren) to take part in these activities. I do hereby for my child(ren), myself, and our heirs, personal representatives and assigns, knowingly and intentionally remise, release, and forever discharge and agree to hold harmless and to indemnify and defend American TKD Martial Arts Center and all its officers, agents, and employees, acting officially or otherwise, from any and all claims, demands, actions, or causes of action on account of any injury or death to myself and / or my child(ren), or damage to my and/or my child(ren)'s property which may occur from any cause during said programs or activities or in connection with any activities incidental thereto.</p> <p><i>Emergency Medical Care</i></p> <p>I further authorize American TKD Martial Arts Center, its officers, agents and employees to arrange medical care for myself and / or my child(ren), solely at my own expense, should it become necessary to do so in the event on an injury to myself and / or my child(ren).</p> <p>I have carefully read the entire document and fully understand and agree to comply with every detail including tuition and any condition for dismissal. I also grant permission to American TKD Martial Arts to use any individual or group photos/media of my child taken in martial arts activities for publication and advertising purposes.</p>			
<p>_____ LOSS/DAMAGE/THEFT OF STUDENTS PROPERTY: American TKD Martial Arts does not assume any responsibility for the loss, damage or theft of any belonging to the Student and the Student agrees that American TKD Martial Arts and its personnel are not responsible for, or liable for any such property even if loss, damage or theft occurs on or about the facility.</p>			
<p>AUTHORIZATION SIGNATURE X _____ Date: _____</p> <p><i>Signature of Parent, Guardian or Self</i></p>			