

Champion Tae Kwon Do Academy

Prospective Student Information

NAME: _____
(Parent or Guardian if under 18)

ADDRESS: _____
(Street) (City) (State) (Zip)

HOME PHONE NUMBER: _____ WORK PHONE NUMBER: _____

E-MAIL ADDRESS: _____

I am interested for my:

___ self NAME: _____ DOB: ___/___/___

___ spouse NAME: _____ DOB: ___/___/___

___ children NAME: _____ DOB: ___/___/___

NAME: _____ DOB: ___/___/___

How did you hear about our school?

___ Location/Sign ___ Yellow Pages ___ TV/Radio

___ Brochure ___ Newspaper ___ Demonstration

___ Student (Name): _____ Other: _____

Have you studied martial arts before? ___ No ___ Yes
(If yes, please explain: _____)

Why are you interested in Tae Kwon Do:

___ Self Defense ___ Discipline ___ Self - Confidence

___ Weight Control ___ Tension Reduction Other: _____

Which classes can you attend? ___ Mornings ___ Evenings ___ Saturdays

Introductory lesson scheduled for: _____ Today's Date: ___/___/___

Person legally responsible for student: _____

Drivers License Number: _____

Is the student in good health with no physical or mental disabilities? __yes or __no

If no, please explain: _____

I understand that Tae Kwon Do involves physical contact and exercise. I hereby agree to hold Champion Tae Kwon Do, its successors and assigns, harmless and waive any claims against them for injuries I (or my child) may sustain as a result of training. I assume full responsibility for my (or my child's) activities in said program.

I hereby acknowledge that I am not involved in any way with any other martial arts school.

If accepted as a student at Champion Tae Kwon Do, I agree to follow the rules and regulations of the school and will persevere in my training until the completion of my program.

Signature of Parent or Guardian (if under 18)

Student Signature

Date signed: _____

*****MEDICAL RELEASE FORM*****

Child's Legal Name: _____

Name of Physician: _____ Phone #: _____

Name of Dentist: _____ Phone #: _____

Allergies or medical conditions of child: _____

Has child had any serious illnesses or surgery? _____

List any medications: _____

List any identifying scars, birthmarks, etc. _____

Medical Insurance Company: _____

Insurance Policy #: _____

My child will need medication during the day and Champion Tae Kwon Do Staff have permission to administer the below named medication.

Name of Medication: _____

Dosage: _____ Time: _____

PCEI staff have my permission to administer the above medication to my child as prescribed by Dr. _____ for the purpose of treating _____.

*Any medications given at Champion Tae Kwon Do must be in their original container with proper labeling.
**If Tylenol, or aspirin is needed, permission may be granted over the phone by the custodial parent.

I hereby give my consent to any hospital and/or licensed physician to administer necessary treatment to the above named child. I give my consent for my child to be transported by ambulance if the situation warrants to the nearest hospital in a critical emergency.

Signature of Parent/Guardian

Date

Release Form for Media Recording

I, the undersigned, do hereby consent and agree that Champion Tae Kwon Do, its agents, parents/guardians, employee and other students have the right to take photographs, videotape, or digital recordings of me or my child and to use these in any and all media.

I do hereby release to Champion Tae Kwon Do, its agents, parents/guardians, employees and other students all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. On behalf of myself and my child, I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Champion Tae Kwon Do is not responsible for any expense or liability incurred, to myself or my child, as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____ Date: _____

Child's Name: _____

Address: _____

Phone: _____

Signature: _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISKS

Champion Tae Kwon Do Academy, Inc. a Florida corporation, hereby permits the person(s) indicated below (the terms "Participant", "Student", "Camper" or "Parent" may be interchangeable) to enter the academy and/or participate in any activities and/or classes and/or programs at Champion Tae Kwon Do Academy located at 7590 Starkey Road, Seminole, Florida, and does hereby acknowledge, represent, and warrant the following:

1. The Participant's use of the facilities of Champion Tae Kwon Do is completely optional and of Participant's own choice.
2. The Participant understands that it is the Participant's obligation to determine if he or she is healthy enough to engage in the activities held at Champion Tae Kwon Do. If Participant is not healthy enough to partake in such activities, then Participant will refrain from doing so.
3. Participant and/or parent and/or guardian, is signing this Release of Liability and Assumption of Risks (the "Release") voluntarily and at Participant's own free will. Participant consents to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during Participant's activities associated with Champion Tae Kwon Do.
4. Participant and/or Parent and/or Guardian have asked the Masters/Instructors concerning any questions that Participant has regarding rules and regulations. Participant has received sufficient training for participation in any fitness activity and equipment use.
5. Student's use of the Champion Tae Kwon Do facility involves certain inherent risks ranging from minor scrapes, strains, and bruises, to significant injuries such as broken bones, eye injury or loss, concussions, paralysis, and even death. Participant agrees to assume all such risks, as well as any other risks involved in the use of the land, building, weapons, or equipment provided by Champion Tae Kwon Do and to be bound by the terms and conditions of this Release. Activities will sometimes be held outside the Academy facility or in public parks or public pools, bowling alleys, skating rinks, and at other various facilities. This waiver applies to the Participant taking part in any outside activity provided or offered by Champion Tae Kwon Do Academy. Some activities may require transportation to such other participating location(s) and the Participants, Parents and Guardians hereby hold harmless any Released Parties from any and all legal action arising from such activity and/or transportation.
6. Participant will potentially be photographed or videotaped during the Student's participation with Champion Tae Kwon Do and agrees to the potential use of such photographs to be used for flyers, posters, banners, advertising, promotions, or any other such use, excepting inappropriate use, with or without Participant's name being given with the photograph. Participant and their representatives allow such use of photographs and/or videos, and hereby waive any and all compensation for such use.
7. Participant, personally and on behalf of the Participant's parents, children, executors, heirs, administrators, personal representatives, and next of kin, agree to release and discharge Champion Tae Kwon Do and all of its owners, members, officers, staff, Masters, chaperones, instructors, and their families as well as any and all other students and persons or entities that may have any liability whatsoever (collectively, the "Released Parties") from and against all damages, actions, claims, liabilities, whether known or unknown, anticipated, or unanticipated, suspected or unsuspected, future or contingent, relating to or arising from any activity, occurrence or event involving the Released Parties, whether arising in contract or tort, and whether arising through gross negligence or the intentional acts of others. Participant further agrees to indemnify, hold harmless and defend Champion Tae Kwon Do and all other Released Parties from and against any loss, damage, liability, and expense, including but not limited to attorneys fees and costs, incurred by Champion Tae Kwon Do or the other Released Parties as a result of the Participant's use of the Champion Tae Kwon Do facility or other activities as listed in Paragraph 5 above.
8. The laws of the State of Florida shall govern the rights and obligations of the Parties under this Release and the interpretation, construction and enforceability thereof. Any lawsuit brought against any Released Party shall be brought solely in Pinellas County, Florida.
9. I HEREBY VOLUNTARILY WAIVE, PERSONALLY AND ON BEHALF OF THE PARTICIPANT (S) NAMED BELOW, THE RIGHT TO A TRIAL BY JURY IN ANY ACTION, PROCEEDING OR LITIGATION INVOLVING ANY RELEASED PARTY.

Today's Date

Student's Name

Date of Birth

Signature of Student/Parent/Guardian

Street Address

Apt Number

Phone Number

City

State

Zip Code

TO BE SIGNED IF PARTICIPANT IS A MINOR

I represent that I am the parent or legal guardian of the Participant identified above or an authorized by the parent or legal guardian of Participant to permit the Participant to use the facilities of and programs provided through Champion Tae Kwon Do, and hereby consent to that individual using the facilities and participating in the programs of Champion Tae Kwon Do. I further agree to indemnify, hold harmless and defend Champion Tae Kwon Do and all other Released Parties from and against any loss, damage, liability and expense, including but not limited to costs and attorney's fees incurred by Released Party during or as a result of the Participant's use of the facilities or participation in any summer camp or other program.

PRINT name of Parent/Guardian

Signature of Parent/Guardian

Date