

Victory Martial Arts Registration Form

Student Name: First _____ Last _____

Date of Birth: ___/___/_____

Address _____

City _____ Zip Code _____

Cell Phone _____ Home Phone _____

E-Mail _____

If student is a minor (17 years or younger) please complete the following

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

CIRCLE ALL THAT APPLY:

Any Physical Handicaps? Yes/NO If Yes, Explain: _____

High Blood Pressure? Yes/NO If Yes, Explain: _____

Heart Disease? Yes/NO If Yes, Explain: _____

Lung Disease? Yes/NO If Yes, Explain: _____

Asthma? Yes/NO If Yes, Explain: _____

Other? Yes/NO If Yes, Explain: _____

If Yes to any above, your family physician _____

Physician Phone _____

In case of emergency call _____

Relationship to student _____

Phone _____

AGREEMENT AND LIABILITY WAIVER

PLEASE INITIAL WHEN READ CAREFULLY AND AGREED UPON. THIS IS A LEGAL AGREEMENT AND LIABILITY WAIVER.

X_____ In consideration of being accepted as a member, I the undersigned, agree to abide by the constitution and bylaws of this organization and all applicable rules and regulations of Victory Martial Arts Schools, The World Taekwondo Federation (WTF), or AAU, and/or the local Park and Rec. Department.

X_____ I the undersigned, further, do hereby, for myself, my heirs, executors, administrators, and assigns waive, release, and forever discharge any and all rights and claims for damages which I may have or which hereinafter accrue to me against this Taekwondo School (Victory Martial Arts), including Miss Jennifer Briggs, Master Scott Bachmeier, its officers, employees, and instructors, the WTF, AAU, USTU, Bachmeier's association, respective officers, agents, representatives, successors, and/or assigns, for any and all damages which may be sustained and suffered by me in connection with my association with or entry in any practice, class, contest, tournament, examination, demonstration, testing, promotions, or any athletic event of the school, or which may arise out of my traveling to, participating in, or returning from such endeavors.

X_____ I, the undersigned, further agree to waive any claims against Victory Martial Arts Schools and/or Miss Jennifer Briggs, and/or Master Scott Bachmeier, Bachmeier's association, and/or the Head Instructors, and/or any and all other instructors connected with Taekwondo, Kumdo, Hapkido lessons, demonstrations, and/or tournament championships for any injuries I may sustain.

X_____ I, the undersigned, fully understand that "Taekwondo" is a CONTACT SPORT, and I am responsible for my own medical coverage.

By _____ Date _____
Student's Signature

By _____ Date _____
Parent or Guardian if a minor