

# Tae Kwon Do Registration Form

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Home Work Cell

Parent/Guardian (if under 18 years old) \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
Name Phone Number

Please list any medical conditions of participant: \_\_\_\_\_

Day(s) registering for Tuesday Thursday Both

Date of registration: \_\_\_\_\_ Amount Paid: \_\_\_\_\_  
Cash Check Visa Mastercard

\$40.00/month for one class/week  
\$50.00/month of two Classes/week

*\*Classes are held at Fire Station 3 located at 1470 Three Mile Rd. NW. Please make checks payable to Walker Ice & Fitness Center. Payments must be received at the time of registration. Continuing students need to pay on a monthly basis. Registration is on-going, you may register at anytime. NO contracts are required.*

*Tuesday and Thursday*

6:00-7:00 PM ages 5-14 years old  
7:00-8:30 PM ages 15 & Up

Walker Ice & Fitness Center is hereby relieved of any and all responsibility for any injury sustained by the above participant while participating in this Martial Arts program. Any and all claims against Walker Ice & Fitness Center precipitated by any such injuries are hereby waived. Permission is granted to the Walker Ice & Fitness Center to obtain any necessary emergency services at the expense of the undersigned, should injuries be incurred. Permission is granted for photographs and pictures of my child(ren), myself and/or family members to be taken and released to Walker Ice & Fitness Center for publication.

\_\_\_\_\_  
Signature/ Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed