Tang Soo Do: Enrollment Card

Through The Christian Martial Arts System

Member's Name _____ _____ _____
First Middle Last

Address _____ _____ _____ _____
Street Address City State Zip Code

Home Phone (___) _____ Work Phone (___) _____

Name of Parent/Guardian _____ Student's Date of Birth _____/_____/_____

Previous Martial Art Experience Yes ☐ No ☐

Health Condition

Hospitalized in the past five years? Yes☐ No☐ *If Yes, Please Explain:*

Any Physical and/or Mental Condition(s)? Yes ☐ No☐
List any and all physical/mental conditions and/or problems, including, but not necessarily limited to: Epilepsy, Diabetes, High Blood Pressure, Heart Condition, Hemophilia, TB, Asthma, Hernia, Kidney and Liver Disorders, Upper and Lower Gastrointestinal Disorders, ETC…
If Yes Please Explain: _____
_____

It is understood that the class, instructions, and/or lessons, which I have registered for and agreed upon, involve strenuous physical activity, and may be hazardous, and may result in personal injury. The aforementioned party, whose signature is also hereinafter affixed, hereby waivers and represents that she or he has no knowledge of any physical condition which would render it dangerous and/or hazardous to said party's health or safety for she or he to participate in such class, instructions, and/or lessons and promises to notify The Christian Martial Arts System, its agents, consultants, and/or instructor(s), immediately, in writing, should any such condition develop. It is understood that this written notification of such physical conditions shall be delivered, in person, to the instructor(s) at The Christian Martial Arts System, before the next class which follows discovery and/or awareness by the undersigned or any change in her or his physical condition. Upon receipt of such notification, the instructor(s) reserves the right to terminate and/or discontinue and/or postpone further classes of said individual.

Recognizing and being fully aware of all the facts, assertions and representations herein before mentioned, the party who's signature is affixed below, (individually and for heirs, executors, administrators, successors and/or assigns) expressly assumes all risk of injury resulting directly or indirectly from class, instructions, and/or lessons in The Christian Martial Arts System and associated martial arts received from The Christian Martial Arts System.

Moreover, in consideration of receiving classes, instructions, and/or lessons The Christian Martial Arts System, said party, whose signature is affixed below (individually and for his/her heirs, executors, administrators, successors and/or assigns), does hereby waive, release, and forever discharge any and all rights and claims for any damages or losses which said party may have, or which may accrue to said party against The Christian Martial Arts System, and/or instructor(s), officers, agents, vendors, representatives, successors and/or assigns and against its members for any and all causes which may arise in connection with class, instructions and/or lessons in The Christian Martial Arts System and associated martial arts received from The Christian Martial Arts System.

All conditions on the enrollment card and release enumerated above have been read, and fully understood and are accepted and agreed upon by the undersigned on: The ____ day of _____, 20__

Member:_____ Parent _____ Start Date:__/__/_____
Signature Signature (if member is under 18)