

DATE: \_\_\_\_\_

# Human Weapon Taekwondo

I agree to enroll myself, my \_\_\_\_ (number) child(ren)) in classes for a \_\_\_\_\_ month period at a total tuition of \$ \_\_\_\_\_ for circle one: *Full Time* (Unlimited Classes) / *Part Time* (One class Per Week) Membership I understand that payment must be arranged at the beginning of each payment period. I understand that this is a commitment which is non-refundable and I must inform the instructor if I wish my tuition to be put on hold for circumstances resulting in missing classes for more than two consecutive weeks. \_\_\_\_\_ (initials)

I understand that martial art participation is an athletic endeavor requiring normal athletic exertion and physical injury is common in all sports. \_\_\_\_\_ (initials)

In addition I understand that martial art training is at times a contact and combative sport and there is always an assumed risk involved. \_\_\_\_\_ (initials)

I therefore do not hold Master Marinelli, other instructors, or fellow students responsible for any injury incurred in the normal participation in martial arts. \_\_\_\_\_ (initials)

I (if adult participant) / my children understand that self control in technique and behavior must always be observed in order to make training a pleasant and productive experience for all. \_\_\_\_\_ (initials).

<b>Please print clearly!</b>	<b>Full Address</b>	<b>Main Contact Phone</b>	<b>Date of Birth (MM/DD/YY)</b>	<b>School</b>	<b>Instructor Please enter Uniform Size</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature (Parent or Guardian if under 18): \_\_\_\_\_

Print Name CLEARLY: \_\_\_\_\_

**Please print clearly!**

Father : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Cell Phone: \_\_\_\_\_