

**REGISTRATION FORM DATE:** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date \_\_\_\_\_ Medical Number \_\_\_\_\_  
(Day/Month/Year)

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ P/C \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact/ Phone \_\_\_\_\_

Have you ever taken martial arts before? \_\_\_\_\_

Current physical activities \_\_\_\_\_

Physical/ Medical Challenges \_\_\_\_\_

**PHOTO RELEASE**

I/ we \_\_\_\_\_ agree to having my picture taken and the photo/ video image becomes the property of Focus-Achieve martial Arts. I further give permission for this to be used in advertising, brochures, or other forms of media that the Directors of Focus-Achieve martial Arts chooses to use them for.

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

**RELEASE AND WAIVER OF LIABILITY**

We, the student & guarantor, if applicable, on behalf of ourselves, members of our family, our heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless, Focus-Achieve Martial Arts, representatives, agents, and landlord for any injury, loss, or damage to my person or property how so ever caused, arising out of or in connection with my taking part in martial arts classes and activities and not withstanding that the same may have been contributed to or occasioned by the negligence of Focus-Achieve Martial Arts representatives or agents.

Please note: participants must supply their own protective equipment.

In the event of an emergency, the student/parents/guardian give permission for emergency first aid to be administered or emergency medical help be called by the representatives of Focus-Achieve Martial Arts, only 1<sup>st</sup> Aid will be administered and the student/parents/guardians will hold Focus-Achieve Martial Arts harmless for any consequences of first aid and will assume the costs of such treatment. Reasonable attempts will be made to contact the parent/guardian/emergency contact, in the event of failure to do so the student/parent/guardian give permission for Focus-Achieve martial Arts to act on their behalf in the case of an emergency for the best medical interest of the student.

I \_\_\_\_\_ agree to abide by the rules & safety regulations of Focus-Achieve martial Arts.

Student Signature \_\_\_\_\_

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



Waiver Form

**AFFIRMATION AND LIABILITY RELEASE**

I, \_\_\_\_\_, hereby request to be admitted as a participant of Focus-Achieve Martial Arts in the Gym located inside A.D. Rundle Middle School, instructed by James P. RAE ITF Third Dan and certified instructor with Warrior Spirit Martial Arts, or a qualified assistant instructor, and hereby agree to the following terms and conditions:

1. I understand and acknowledge that A.D. Rundle is merely providing the facility for the classes and in no way has A.D. Rundle Middle School contracted James RAE or any assistant instructor for the purposes of providing the Focus-Achieve Martial Arts classes;
2. I am seeking instruction in ITF Taekwondo, a martial art, involving strenuous exercise and body contact;
3. I understand that the instructor, or anyone authorized to act in his/her stead, has the right to terminate my participation for any infraction of safety regulations, willful disobedience, or disrespect shown to any instructor, or for any conduct which is deemed detrimental to or inconsistent with the high principles and spirit of ITF Taekwondo;
4. As a condition of my participation at the classes, and in consideration thereof, I hereby agree to release, indemnify its instructors, employees, volunteers, agents, and/or other participants thereof, from any and all liability for any injury, disease, damage or loss which I may incur while training, during the course of any instruction, or in any other activity in these classes;
5. I represent as part of this application that I am of sound physical and mental health and condition. I understand and agree that if I am suffering from any injury or experience pain or discomfort during the course of any instruction, training, or exercise, that it is my responsibility to cease that activity and bring this circumstance to the attention of the instructor immediately;
5. I hereby agree to these terms and promise and covenant for myself, and my heirs and assigns, that my training in these classes is solely my responsibility and that I am assuming all risk of any injury, disease, damage, or loss to myself;
6. I hereby agree to obey the rules of Focus-Achieve Martial Arts, and explicitly follow all the directions given by the instructors during the classes.

I HEREBY DECLARE THAT I HAVE READ THIS DOCUMENT AND ALL OF ITS TERMS, AND ACKNOWLEDGE THAT I FULLY UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF PARTICIPATION.

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_  
(or parent guardian if minor)

