

International Tae Kwon Do Academy

32 Tioga Way Marblehead, MA.
(781) 631-8504 / www.TKD.net

Enrollment Agreement

Name _____ Date of birth ____/____/____

Address: _____

City /State/Zip: _____

Parent's name(s) (for students under 18) _____

Telephone(s) (_____) _____ (_____) _____

Email _____

(for announcements, reminders, snow cancellations etc.)

General Health: (please check one) Excellent _____ Good _____ Fair _____ Poor _____

Any medical problems? Yes ___ No ___ Are you taking medication? Yes ___ No ___

If yes, then please explain? _____

Description of instructional services:

Tae Kwon Do Classes on : _____ at: _____
(days) (time)

Enclosed is: \$ _____

Release and waiver of liability

In consideration of the services to be received as a student of the International Tae Kwon Do Academy, the undersigned hereby releases and discharges the International Tae Kwon Do Academy, it's instructors and students, from any and all actions, causes of actions, liability, claims and demands upon, by reason of any damage, loss, injury, or suffering which may be sustained by, in connection with and in the course of receiving instruction or services.

I understand that I upon signing this agreement the undersigned will become a member of The International Tae Kwon Do Academy and that this membership may be canceled at any time, and that the undersigned shall remain a member and be responsible for tuition payments until this membership is canceled.

I have read and agree to the Release and waiver of liability, in consideration of the services to be received as a student of the International Tae Kwon Do Academy.

_____/_____/_____
Applicant's Signature (if over 18) date

_____/_____/_____
Parent or Guardian's Signature date

_____/_____/_____
Instructor's Signature date

Please make checks payable to Brian Malik or to International Tae Kwon Do Academy.