

TaeKwonDo America- DAY CAMP REGISTRATION FORM

Welcome to **Peck's TaeKwonDo America** and congratulations on taking the first step towards a healthier lifestyle. In order to help you achieve your training goals we need some information regarding your current lifestyle. Please take a few moments to fill out this questionnaire as accurately as possible. "Get a KICK out of life- EXERCISE"

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

ADDRESS: _____ PHONE# _____

CITY/ZIPCODE _____ EMAIL ADDRESS _____

Check all that apply: JUNE SESSION _____ AUGUST SESSION _____

Does your child have any food allergies we need to be aware of? If yes please explain _____

Does the participant have any special requirements or needs that we should be aware of? i.e. ADD/ADHD, asthma, OCD, autism etc. _____

HOW DID YOU HEAR ABOUT US?

- Phone Book Newspaper Referral – if so, who? _____
 Demonstration Birthday Party Internet other _____

ARE YOU CURRENTLY INVOLVED IN OTHER ACTIVITIES?

- Football Swimming Skating Soccer Tennis
 Basketball Baseball Weightlifting Aerobics Other

WAIVER: As an inducement to cause TA to extend services to me, and in consideration of the provisions of those services, I, the undersigned, on behalf of myself, my heirs, assigns, personal representatives and my estate, hereby state as follows: (1) understand and acknowledge that I am about to engage in an activity which includes strenuous exercise and body contact which involves certain risks, as well as unanticipated risks which could result in injury or harm to myself, my property, or third parties; (2) In participating in such activities at TA personnel and in accordance with its rules, regulations and policies; (3) In full awareness of the risks, both known and unknown, associated with the activities offered by TA, I hereby expressly and voluntarily release TA, its officers, agents, employees and officers, agents, employees and instructors from all responsibility liability, claims, demands, charges, duties, injuries actions, causes of actions, suits, complaints and promises of any nature whatsoever relating to or deriving from my personal presence at the TA premises. Personal presence at the TA premises or my participation in any activities directly or indirectly related to the activities at TA; (4) My participation in these activities is purely voluntary and I elect to participate in spite of the risks.

Signature: _____ Date: _____

TOTAL AMOUNT DUE : _____ PAYMENT METHOD: _____