

OCEANSIDE
STUDENT INFORMATION

DATE _____

STUDENT NAME _____ AGE _____

PARENT/GUARDIAN'S NAME _____

ADDRESS _____ CITY/ZIPCODE _____

PHONE: HOME _____ OFFICE _____ BIRTHDAY _____

EMAIL ADDRESS _____

HAVE YOU EVER STUDIED ANY TYPE OF MARTIAL ART? YES NO
IF YES WHICH STYLE? WHEN? WHERE?

WHAT OTHER ACTIVITIES ARE YOU OR YOUR CHILD INVOLVED?

WHICH OF THE FOLLOWING MOST INTERESTS YOU OR YOUR CHILD IN
TAEKWONDO?

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> SELF- CONFIDENCE | <input type="checkbox"/> SELF- DEFENSE | <input type="checkbox"/> DISCIPLINE |
| <input type="checkbox"/> FITNESS | <input type="checkbox"/> WEAPONS | <input type="checkbox"/> COORDINATION |
| <input type="checkbox"/> LEADERSHIP | <input type="checkbox"/> CONCENTRATION | <input type="checkbox"/> COMPETITION |

DO YOU HAVE ANY INJURIES, HANDICAPS OR MEDICAL PROBLEMS?

YES NO IF YES, PLEASE LIST

HOW DID YOU HEAR ABOUT US?

- | | | | |
|---------------------------------------|-----------------------------------|-------------------------------|----------------------------------|
| <input type="checkbox"/> NEWSPAPER | <input type="checkbox"/> DRIVE BY | <input type="checkbox"/> MAIL | <input type="checkbox"/> FRIENDS |
| <input type="checkbox"/> YELLOW PAGES | <input type="checkbox"/> FLYER | <input type="checkbox"/> DEMO | <input type="checkbox"/> OTHER |

TYPE OF PROGRAM _____

START DATE _____

ATA BLACK BELT ACADEMY
MEDICAL RELEASE

PERMISSION IS GRANTED TO COMPETENT MEDICAL AUTHORITIES TO GIVE ANY EMERGENCY MEDICAL TREATMENT DEEMED NECESSARY, INCLUDING SURGERY, TO MY CHILD OR WARD, OR MYSELF _____ IN SUCH EMERGENCIES. PARENTS OR GUARDIANS WILL BE NOTIFIED IMMEDIATELY.

LIST STUDENT ALLERIGES/SPECIAL CONDITIONS _____

FOR CHILDREN ONLY

PERSONS TO BE CALLED, AND WHO HAS PERMISSION TO PICK UP MY CHILD, WHEN PARENTS OR GUARDIANS CANNOT BE CONTACTED:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

PARENTS/GUARDIANS SIGNATURE _____

ADDRESS _____ CITY/ZIP CODE _____

PHONE DAY _____ EVENING _____

RELEASE AND ASSUMPTION OF RISK AGREEMENT

TRAINING IN:

TAEKWONDO, KARATE, AIKIDO, HAPKIDO, KUBOTAN, SELF-DEFENSE/ANTI-RAPE SEMINARS AND ALL MARTIAL ARTS AND LAW ENFORCEMENT TECHNIQUES IN GENERAL

I am aware that certain risks and dangers may occur in my martial arts training. These risks include, but are not limited to, physical injury to others and myself while participating in such training, classes, tournaments and other related activities. I am also aware that in most common cases, medical treatment is not readily available.

I hereby assume and accept the full risk and danger of any hurt, injury or damage, which may occur while participating in ATA Black Belt Academy/ Coffee's Martial Arts programs.

I for myself, my heirs, executors, administrators and assigns, hereby waive and release any and all rights, claims or damages I have against Shannon M Coffee, Charles Mulvany, and/or the American Taekwondo Association Inc., its directors and officers, their agents, representatives, successors and assigns or any other individuals or entities associated with Taekwondo (hereinafter the "releasee") from any and all liabilities, actions, claims, demands, costs and expenses, which I may now or in the future have against them of any and all claims for injury or damages caused by the negligence of any of them or others arising out of or in any way related to my participation in Taekwondo, of the operation of the Taekwondo school and its other related activities.

I further agree to indemnify, defend and hold harmless the above-described releasee and each of them against any such claim that I or any of my heirs, executors, administrators, and assigns may have or assert and against any cost, including attorney's fees.

I attest and verify that I have full knowledge of the risks involved in Taekwondo and that, to the best of my knowledge, my physical condition and fitness are adequate for me to participate in Taekwondo and that no physician or other qualified individual has advised me against participating in Taekwondo here at ATA Black Belt Academy/Coffee's Martial Arts.

Signature

Date