

# MACKENZIE

TAEKWON-DO • FITNESS • SELF DEFENSE

## MARCH BREAK CAMP - REGISTRATION FORM

### How did you hear about us?

- Website  
 Facebook  
 Flyer  
 Yellow Pages  
 Referral \_\_\_\_\_  
 Other \_\_\_\_\_

### Office Use Only

- Entered  
 Processed  
 Member

### CONTACT INFORMATION

NAME:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	DATE OF BIRTH: MM / DD / YYYY	
ADDRESS:	CITY:	N.S.	POSTAL CODE:
EMAIL ADDRESS (1):	EMAIL ADDRESS (2):		
HOME PHONE (1):	HOME PHONE (2):		
MOBILE PHONE (1):	MOBILE PHONE (2):		

### OTHER INFORMATION

HEALTH CARD #	HEALTH CARD EXPIRY DATE:
MARTIAL ARTS EXPERIENCE:	

### TERMS AND CONDITIONS

The student agrees while participating in this program, he/she will not conduct himself/herself in any way, which presents a danger to or creates a nuisance for the instructor or any other persons enrolled in the program.

The student acknowledges that training in Taekwon-Do involves physical contact during many of the activities / exercises and assumes all risk of injury arising from such training.

The student hereby releases MacKenzie Taekwon-Do. any of it's instructors from; (I) any claim arising from disease, deterioration of health, illness or aggravation of ill heath as a result of participation in the program, acceptance of any advice or use of our facility at 21 Glen Arbour Way, Hammonds Plains, NS and; (II) any claim for personal injury sustained by the member in, on or about our facility at 21 Glen Arbour Way, Hammonds Plains, NS including, without limitation, any claims for personal injury resulting from or arising out of negligence of MacKenzie Taekwon-Do instructors or agents or any other person using the facility. Further, the member acknowledges he is using the facility at his /her own risk.

The student warrants that he/she is in good condition or has obtained the express approval of a physician to engage in physical activities such as offered by the facility.

I hereby wish to participate in the March Break Camp offered by MacKenzie Taekwon-Do. I agree to abide by their rules, terms and conditions and I will uphold the spirit and traditions of Taekwon-Do.

- YES, I grant my permission for my child's photo or name to be used by MacKenzie Taekwon-Do in various communications (website, social media)  
 NO, I do not grant my permission for my child's photo or name to be used by MacKenzie Taekwon-Do in various communications (website, social media)  
 YES, I opt-in to receive communications from MacKenzie Taekwon-Do Inc. (important notices, newsletters, renewal notices, etc.)  
 \* You can opt-out of receiving communication from us by clicking on "unsubscribe" at the bottom of any or our emails.

DATE:	SIGNED:
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Parent's signature for consent, in under 19 years of age:

PARENT NAME:	SIGNED:
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### PAYMENT OPTIONS

CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> ELECTRONIC FUNDS TRANSFER <input type="checkbox"/> DEBIT <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>		
NAME ON CARD:	CARD NUMBER:	
CARD HOLDER SIGNATURE:	EXPIRY:	CVV (# ON BACK):