

## STUDENT REGISTRATION FORM

### How did you hear about us?

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

### Office Use Only

- Entered  
 Processed  
 Member  
 Uniform  
 Manual  
 ID Card

### 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

MARTIAL ARTS EXPERIENCE:

MEDICAL CONDITIONS:

### TERMS AND CONDITIONS

The member agrees while using the facility or any of the services provided by the facility, 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 using the facility.

The member agreement can be cancelled at any time by the facility if the member is deemed to be; (I) posing a danger to the facility, it's employees or members; (II) a nuisance to the operation of the facility.

The member 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 member hereby releases MacKenzie Taekwon-Do. any of it's instructors and KJG Properties Ltd. 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 the facility provided by MacKenzie Taekwon-Do and; (II) any claim for personal injury sustained by the member in, on or about the facility provided by MacKenzie Taekwon-Do including, with out 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 member acknowledges the facility is not liable for any theft of his/her personal items which may occur at the facility.

The member 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 become a member of 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):