

# YP Taekwondo School: Registration Form

*Taekwondo helps students build confidence and learn respect. The techniques and tools taught during specialized training provide students with the necessary discipline to become leaders.*

## Student Information (please print legibly):

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ M F

Nickname of Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Medical Provider Name and Number: \_\_\_\_\_

Do you have any **Special Needs**? If so, please explain: \_\_\_\_\_

Do you have any **Medical or Health Concerns**? If so, please explain: \_\_\_\_\_

Will you take any prescribed medication or OTC medication during class hours? Yes No  
(If yes, please explain – asthma inhaler or an epi pen as an example)

\_\_\_\_\_  
(An Authorization to Administer Medication Form must be completed)

## Parental Information:

Name(s) of Parent(s) / Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_  
(Daytime) (Evening) (Mobile)

Primary e-mail: \_\_\_\_\_

## Who will be responsible for picking up your child (for young students only):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Daytime) (Evening) (Mobile)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Daytime) (Evening) (Mobile)

## In case of an Emergency, and Parent cannot be reached, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Daytime) (Evening) (Mobile)

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## Payment and Class Information: (Please mark program of choice)

**Beginner Program** – For children 5-12 years of age or first time Adults to learn all of the basics necessary of Taekwondo and work towards goals. Classes are three times per week. Call for Details

**Intermediate Program** – For children 5-12 years of age or adults who have successfully completed the Beginner's Class and ready for moretraining and mastery. Call for Details

**Advanced & Black Belt Program** – This program is for those who have attained their Black Belt to hone their skills and attain greater levels of training. Call for Details

**Private Lessons** – Private and Semi-Private Lessons are designed for students seeking personalized accelerated training. Classes can be scheduled for your convenience – typically mornings. A 24-hour notice is required for cancellations or re-schedules. Call for Details

**Date of Sign-Up:** \_\_\_\_\_ **Included / Enclosed is Cash, Check, or Money Order in the amount of:** \$ \_\_\_\_\_

### *Please initial next to each:*

\_\_\_\_\_ I grant permission for myself or my child/ward to participate at YP Taekwondo School. I acknowledge that this is a class or training which requires a number of physical activities and abilities.

\_\_\_\_\_ Authorization to treat minor: In the event that I cannot be reached in an emergency, I hereby give my permission to call 911 and/or contact a medical facility or physician selected by the staff to secure proper treatment for my child and that I will be responsible for said expense.

\_\_\_\_\_ Prescription or over-the-counter medication: I certify that I will have on file with YP Taekwondo School, a current medical form stating all the medications that my child must take.

\_\_\_\_\_ Individual Student Medical Insurance is not provided.

In consideration of my child/ward's participation in the activity, I hereby waive all claims or causes of action against YP Taekwondo School and their staff arising out of my child/ward's participation in the activity. I also hereby release, hold harmless, and discharge YP Taekwondo School from all liability in connection therewith. In addition, I have been advised to obtain personal medical coverage and I agree to use my child/ward's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I also give permission for photographs and/or video to be taken of him/her while participating in this activity, and for these photographs and/or videos to be used for publicity purposes. I have read and hereby certify that the above listed information is correct to the best of my knowledge. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against YP Taekwondo School is knowingly given up in return for allowing my child/ward's participation in the activity.

**Student / Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please bring this 2-Page Registration Form with Payment to our location, or you may Mail to:** 171 Cedar Grove Lane, Somerset, New Jersey, 08873