



EVEREST TAEKWONDO ACADEMY
Family Fitness and Martial Arts
UNIT 4 KENNEDY RD.SOUTH,BRAMPTON,ON
Ph.No.647 975 5590 Email:everesttaekwondo@gmail.com

Registration Form

Name of Registrant: _____ Date of Birth: _____

School Name: _____ School Hours: _____

School Address: _____ School Phone: _____

Grade: _____ Teacher: _____

Parent(s) Name: _____

Home Phone: _____ Work phone: _____ Cel I Phone: _____

Emergency Contact: Full Name: _____ (Relation to Student) _____

Primary Phone _____ Cell Phone _____

PLEASE INDICATE:

Does the student have any mental or physical disabilities? Y N

Does the student have any medical conditions or allergies? Y N

Please check boxes that apply to acknowledge each term:

After School only: Monthly cost from September '15 – June '16=

Payment is made at the beginning of the month (the 1st of each month)

There are no refunds

TERMS

I fully understand and agree:THAT my presence and activities are completely at my own risk, and I do hereby indemnify, release, and forever discharge Everest Taekwondo Academy its instructors, members, agents, and any other person or persons connected with the said Academy against and from all liability and responsibility, and from all claims for personal injuries or any loss of personal property sustained by me or injuries or damage to person or property of others caused by me while engaged in the AFTER SCHOOL PROGRAM or in activities at the said, or while in or near the premises or place of activity of the said Academy ,I the undersigned Buyer consent to allow the Academy to take such actions as is deemed necessary to contact and provide emergency and medical assistance for Student.I,the undersigned Buyer, irrevocably authorize the Academy to copyright, use, publish for art, advertising, trade or any other lawful purpose whatsoever, photographic portraits, pictures and videotapes of the Student and/or Buyer, included in whole or in part.

 Printed Name of Parent(s) or Guardian(s)

 Date

 Signature of Parent or Guardian

For Office Use Only:

Payment method: DEBIT VISA MASTERCARD CASH CHQ

Amount paid: \$ _____ Member: Yes No