



Plymouth Family Taekwondo  
www.plymouthmartialarts.com



2015-2016 After School Program Registration

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ School Attend: \_\_\_\_\_

Accept Text messages? \_\_\_\_\_ Number \_\_\_\_\_ Carrier Use \_\_\_\_\_

Name and Relationship of other people picking up your child:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

**Medical Information and Release**

Any Health conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned acknowledges the existence of certain inherent risks in this type of training and hereby agrees to assume all risks himself. He further relieves Plymouth Family Taekwondo, its management, assigned or contracted instructors and fellow students from any liability resulting from personal injury and/or loss of personal property. The participant must have medical insurance. The student acknowledges that rules and regulations governing the institute have been adopted and may be changed from time to time, and the student agrees to abide by all such rules and regulations adopted, including the time scheduled for instruction and the use of the school as posted. Children with severe behavioral issues interfering with the activities of other students will be sent home. Parents must arrange for immediate pick up. Management has the right to refuse admission to individuals with prior behavior issues. Occasional photos or videos of class or special events may be taken. Such materials may be used as advertising media. The undersigned waives claim to all model rights whether active or passive.

I hereby give permission to transport my son/daughter by ambulance when urgent medical care is deemed necessary by the staff of Plymouth Family TKD. I understand that the family is responsible for the cost of this transfer. I hereby give permission for the hospital emergency room staff to render any and all EMERGENCY care before a parent/guardian arrives. This includes whatever conditions necessary to preserve the life, limb or well-being of my son/daughter.

**The school year has 39 weeks. By signing this form, I understand I am responsible for a minimum of 37 weeks of payments whether my child attends or not. \*\*If your child attends 39 weeks, you are responsible for all 39 weeks.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_