

STUDENT APPLICATION

<i>Last Name</i>	<i>First Name</i>	<i>Date of Birth</i>
<i>Address</i>	<i>City, State</i>	<i>Zip Code</i>
<i>Home Phone</i>	<i>Work</i>	<i>Emergency</i>
<i>E-Mail</i>		<i>Other</i>
<p>North Florida Tae Kwon Do TRAINING WAIVER</p> <p>I hereby authorize North Florida Tae Kwon Do to act for me in any emergency requiring medical attention, and I hereby waive and release North Florida Tae Kwon Do, its officers and agents from any and all responsibility for any injuries or illnesses incurred while training at the academy.</p> <p>I understand that participation in martial arts involves motion, rotation and height in a unique environment and as such carries with it a risk of injury. All medical expenses incurred will be the responsibility of the student or student's family. I lieu of a medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the named student's participation in martial arts training.</p> <p>I have read the forgoing and have affixed my signature below as proof of my understanding. Any questions, which may have occurred to me, have been answered to my satisfaction.</p>		
Student, Parent or Guardian Signature		Date

Registration Fee	\$ 45.00
Tax	\$ 1.40
Uniform	\$ 0.00
First Month's Tuition	\$ 79.00
Adjustment	\$
Total Due	\$

North Florida Tae Kwon Do

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Get What You Want, Not What You Get!