



Regional Tae Kwon Do • 307 Ivy Avenue SE • Richmond, MN 56368 • 320-597-7422

www.RegionalTaeKwonDo.com • drjenniferdoll@gmail.com

Name _____ Age _____ Birthday _____

Address _____ City _____ State _____ Zip _____

Parents Name: _____ Phone _____

Parents Name: _____ Phone _____

E-Mail _____

Class Options: (check one)

____ Youth or Adult \$50/Month

____ Lil' Kickers \$25/Month

____ Kumdo \$50/Month

Payment Options: (check one)

____ Pay monthly with cash or check with credit card on file. (Card will only be charged if payment is late.) Monthly fee is due 1st class of the month.

____ Pay cash or check without credit card on file. Full 3 month session fee and testing fee due at the beginning of session.

____ Pay by credit card on file for all monthly fees and testing. Card will be charged at the 1st of the month for fees and 3 weeks prior to testing.

Credit Card: _____ Visa _____ Master Card _____ Card # _____

Card Holders Name _____ Exp. Date _____ 3 Digit Code _____

I agree to the above terms and authorize Regional Tae Kwon Do to charge my credit card.

Signature _____ Date _____

Read Carefully Before Signing!!

Participants:

I fully recognize and acknowledge that my participation in this activity is voluntary and may result in physical injury to myself and/or others. I should not participate unless I am physically able. I wish to participate in this activity at my own risk. Therefore, I am fully responsible for any and all damages or injuries that I may suffer, if any, while participating in this activity. I shall be liable for all medical expenses or damages that may arise out of my participation in this activity. I give full consent for First Aid and/or treatment to be rendered in case of an emergency.

Having read this waiver and knowing these facts, I, for myself and anyone entitled to act on my behalf, waive and release all instructors and owners of RTKD from all claims or liabilities of any kind arising out of my participation in this activity even though that liability might arise out of negligence or carelessness on the part of persons and/or organizations included in this waiver, including, but not limited to: Regional Tae Kwon Do, Instructors, Black Belts, its members and activity organizers. **I hereby acknowledge that I have read and understand the terms of this waiver.**

Signature of Student/Parent/Guardian _____ Date _____