

Jarrettsville Tae Kwon Do Registration Form



Harford County Department of Parks and Recreation - Northern District
Jarrettsville Recreation Council
North Bend Elementary School

Calendar Year

(Registration is Open All Year Long - September through July)

Registration fee: Individual - \$40.00, Family - \$70.00

NOTE: REGISTRATION FEES ARE NOT REFUNDABLE!

Participant's Information

Name: _____ Program: Jarrettsville TKD
Address: _____ Registration Date: _____
Home Phone: _____ Registered By: _____
Date of Birth: _____ Did the individual
last year? No _____ participate in the Yes Email Address: _____ program

Should the instructor be aware of any physical conditions or allergies? _____ Should the instructor be aware of any prescription drugs being taken? _____ Where did you hear about Jarrettsville Tae Kwon Do? _____

Does the Individual have any CPR or First Aid training? Please specify: _____

Emergency Contact Information

Name _____ Phone #1 _____
Relationship _____ Phone #2 _____

Other

If adult volunteer assistance is needed, would student/parent(s) be willing to help with the program?

Yes No Notes: _____

I understand that I/my child will not be covered by any program insurance, and that I will not hold the program, instructor(s), recreation council, or its representatives responsible for injuries received while participating in the above named program.

Participants Signature: _____

Date: _____

Parents Signature: _____

Date: _____

(Parent must be over 18 years of age; Only needed if participant is under 18 years of age.)

Jarrettsville Tae Kwon Do



Waiver Form

I, _____, (print name), desire to actively participate in the Jarrettsville Tae Kwon Do program. I agree to follow all of the rules and regulations that are set forth in this program and by its instructors. I understand that Jarrettsville Tae Kwon Do gives instructions in self defense. I understand that the practice of martial arts involves some risk, and I may become injured as a result of the instruction and practice offered by Jarrettsville Tae Kwon Do. In consideration of the instructions given, and in order to be accepted as a member, I do hereby release and discharge the Jarrettsville Recreation Council, Jarrettsville Tae Kwon Do, its instructors, agents and students from any and all actions, claims or other liabilities which may exist or arise hereafter, directly or indirectly resulting from any student, senior student, instructors or agents of Jarrettsville Tae Kwon Do, for any willful or wanton acts committed by other students, regardless of location.

Participants Signature: _____

Date: _____

Participants Signature: _____

Date: _____

Participants Signature: _____

Date: _____

Participants Signature: _____

Date: _____

Parents Signature: _____

Date: _____

(Parent must be over 18 years of age; Only needed if participant(s) are under 18 years of age.)