

Quest Martial Arts

2167 Victoria Park Ave .
Questmac.com
questmartialarts@yahoo.com



Enrollment Start Date: _____

Name: _____ DOB _____ Age _____ M/F/O

Name: _____ DOB _____ Age _____ M/F/O

Address: _____

Parent/Guardian Name: _____ Relation: _____

Parent/Guardian Name: _____ Relation: _____

Phone Number: _____

Email: _____

Emergency Contact: _____ Phone: _____

NAME TO BE PRESENTED ON CERTIFICATES

Membership Fees:

\$285/3 month

Payment type:

Cash

Cheque

Debit/Credit

Payments can be made by e-transfer to questmartialarts@yahoo.com; secure credit card payment via our website questmac.com; or by cash or cheque at the dojang.



Student Name: _____

Parent or Guardian: _____

Request for Permission: I, the above child's parent/guardian, hereby register my child to participate in Grand Master Menelik's Taekwon Do Program. I understand that my child has 6 classes a week available to them (except for holiday closures) and that it is recommended to attend at least 2 classes every week.

Assumption of Risk: I acknowledge and understand that there is a risk of injury involved in participation of activities during classes. I understand that my child will be under supervision and direction of the staff at Grand Master Menelik's Taekwon Do Quest Martial Arts Centre. I agree that my child is to follow the instructions of the staff at all times in order to avoid injury. However, I acknowledge that injuries may and do occur. I freely, knowingly, and willingly accept and assume the risk of injury that might occur from my child's participation in Grand Master Menelik's Quest Taekwon Do program. **Parent/Guardian Initials:** _____

Release: In consideration of Grand Master Menelik's Taekwon Do Quest Martial Arts Centre allowing my child to participate in the Taekwon Do program, I hereby agree to waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, Master Menelik's Taekwon Do Quest Martial Arts Centre, and their respective volunteers, instructors, members and other staff members from liability to us and our child, as well as our personal representatives, assigns, heirs and next of kin, for any and all claims, suits, or causes of action arising from or out of any injury, known or unknown, to property or body that my child may suffer from participation in Grand Master Menelik's Taekwon Do Quest Martial Arts Centre activities. **Parent/Guardian Initials:** _____

Photographs: Photographs may occasionally be taken of the children during GrandMaster Menelik's Taekwon Do Quest Martial Arts Centre activities. By signing this registration form, I consent to the use of pictures of my child for displays, albums and other promotional materials with no compensation to my child or me. **Parent/Guardian Initials:** _____

Certification of Child's Fitness and Medical Authorization: I, the undersigned, hereby certify that to the best of my knowledge, my child is physically fit and able to safely participate in activities for which my child has been registered. In addition, I understand that in the case of illness or injury, my emergency contact or myself will be notified immediately. In the event that myself or my contact name cannot be reached, I authorize Grand Master Menelik's Taekwon Do Quest Martial Arts Centre staff to obtain the necessary medical care or treatment for any child, including but not limited to first aid, x ray examinations, and aesthetic, medical or surgical diagnosis or treatment/hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment. If your child has any allergies, asthmatic conditions or the like which Grand Master Menelik's Taekwon Do Quest Martial Arts Centre should be aware of or if any medication is to be administered, please give detailed instructions, times and provide medicine in original container.

Parent/Guardian Initials: _____

Doctor/Medical Practice Name: _____ Phone: _____

IN WITNESS WHEREOF, I have executed this permission, waiver/release and medical certification form with full knowledge of its contents on this date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

