

120 E Firetower Rd. Winterville NC, 28590
(252)355-3033 - kingtigertkdgreenville.com
School Year Registration Form



SECTION I

Day Time School _____

Name _____ Date of Birth: __/__/__ (M / F)

Name _____ Date of Birth: __/__/__ (M / F)

Name _____ Date of Birth: __/__/__ (M / F)

Buyer (parent) Name _____

Email: _____ Phone: _____

Fee: \$395/m. If registering *before* Oct 1: \$385/m. If registering *before* Sept 1: \$375/m

King Tiger Representative Complete

SECTION II:

Length: <u>School Year</u>	Total fee for course:	Bank Draft Start:
Begins: / /	Less down payment: \$	
Ends: 6 / 10 / 2026	Unpaid balance due: \$	

CONSENT AND RELEASE:

****Please initial each category to acknowledge that you have read and understood the following:**

____ **Pickup Policy:** I understand the program ends at 6 pm and pickup is at that time. Late fees of \$1 per minute will be charged to the account on file after a 15 minute grace period.

____ **Behavior:** King Tiger Taekwondo has a zero tolerance bullying policy. Students who show signs of verbal and physical aggression towards other students or staff will go through disciplinary steps, warning, suspension and expulsion depending on offense.

____ **Permission to Ride:** I hereby grant permission for my child to ride to the program with its instructors for related activities during each day of attendance.

____ **Payment:** We accept Credit/Debit Cards and bank withdrawals. Payments are set for automatic withdrawal on your set billing date of each month. Non-payment will result in remaining membership being voided. First month payment is due at time of registration.

____ **Waiver and Release:** I hereby acknowledge that I have been advised of the strenuous physical exercise involved in participation in the after school program and related taekwondo activities. I hereby consent to hold them free of any and all liability, claims, or actions whatsoever, arising from the training, physical exercise, and contact, which will be required as part of the summer camp program. It is understood and agreed that any tuition should not be returned to students for any reason. I pledge to take care at all times to avoid injury to myself and my fellow students. I pledge never to use knowledge gained from this seminar except to protect the honor of myself or the defenseless. It is understood that I will stay with my team at all times and will contribute to the team as well as to unite as a group. I understand, upon being permitted to join the program, I will obey the rules, and will endeavor to conduct myself in the manner of a student in my daily life and in class. I will never do anything to bring disgrace upon the art and have read and understand the above conditions. I understand that King Tiger Taekwondo is not liable for loss, damage or theft of personal property. Photographs and video may be taken as a group or of an individual in relation to the program and taekwondo that may be published online or on academy materials. I hereby consent and release King Tiger Taekwondo from the expectation of confidentiality for the students listed.

I am capable of fully understanding and reading English, and have agreed to these clauses honestly. I have read, understood and do agree to all terms and conditions listed above.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Identification Record

Date Enrolled: _____

Child's Full Legal Name: _____ D.O.B. : _____ Gender: M / F

Address: _____ City: _____ State: ____ Zip _____

Mother's Name: _____ Telephone: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Father's Name: _____ Telephone: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Who has legal custody (If different than parents): _____

Relationship _____ Telephone: _____

Address: _____ City: _____ State: ____ Zip: _____

Other household members: Adults _____ Children _____

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent or legal guardian. The following people are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian can not be reached:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Child's Physician/ Health resource: _____ Phone: _____

Address: _____

Child's Dentist : _____ Phone: _____

Address: _____

Has Child had: Surgery _____, Serious Illness _____, Burns _____

Allergies _____, Convulsion _____, etc _____

List all identifying scars, birthmarks etc: _____

Any concerns: _____

I give permission to consult the child's physician resource listed above in case of emergency if I/we can not be reached.

Signature of Custodial Parent or Legal Guardian: _____ Date _____

Release for Emergency Care: Please Notarize

Byung Lee's King Tiger Taekwondo After School & Summer Camp Combined Program

This form must contain only one child's name, be notarized and updated annually.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____ in the event of an emergency at which time I cannot be reached.

I give consent to transport by ambulance if the situation warrants it.

Family Physician's Name/Health Care Resource _____

Telephone _____

Allergies: _____

Date of Last DPT/Tetanus: _____

Insurance Company Covering Child: _____

Policy Number: _____ Group Number: _____

Signature of Legal Guardian: _____ Date: _____

Phone Number: (Cell) _____ (other) _____

Address: _____

Emergency Contact Name: _____ Phone: _____

State of _____

County of _____

The foregoing instrument was acknowledged before me this

_____ day of _____ 20____

By _____,

who is personally known to me or who has produced

_____ as identification and

who did (did not) take an oath.

Signed: _____