

# Hillside Baptist TaeKwonDo Club

## New Student Information

**Name:** \_\_\_\_\_ **Sex:** M or F **Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_

**Name of Parent:** (if under 18 years of age) \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State & Zip:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Text#:** \_\_\_\_\_

I want to be notified of important class information.

**Email:** \_\_\_\_\_ **Facebook:** Y or N

Any known medical conditions or known allergies:

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Any medicines that the student may be allergic to:

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Any previous martial arts experience? \_\_\_\_\_

If yes, please list styles practiced and rank earned, along with name and location of school or dojo.

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I understand that martial arts training does require physical contact. I understand that I should consult a physician before beginning any new exercise regimen. While the instructors will take all the necessary safety precautions, I understand that there is still a risk of injury while practicing any martial art. I agree that Samuel Paasch, Hillside Baptist Church, or any representative thereof, will not be held liable for any injury I may obtain as a result of my training in the martial arts.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Hillside Baptist Taekwondo Club

## Parental Consent and Medical/Liability Release Form

The undersigned is the participant or parent and/or legal guardian of \_\_\_\_\_, who is now under my control and custody.

I understand that martial arts training does require physical contact. I grant the above participant permission to participate in the stated activity: Taekwondo lessons which might include but is not limited to strenuous physical activity, martial arts demonstrations and training, and dangers associated with such activities, and while the instructors will take all necessary safety precautions, that there is still a risk of injury while practicing any martial art. The undersigned (whether participant or legal guardian or participant) acknowledges and understands that such activity includes contact martial arts training, preparation and exercise. The undersigned (whether participant or legal guardian) understands and acknowledges that such activity carries with it an inherent risk of injury. In consideration of the above participant being permitted to participate in such an activity, I hereby release, forever discharge and agree to hold harmless Samuel Paasch and any and all of his instructors or assistants, Hillside Baptist Church, or any and all representative thereof, Karate for Christ International and any and all directors thereof from \_\_\_\_\_ any and all liability, claims or demands and expenses of any nature whatsoever which may be incurred by the undersigned and the participant.

I also grant permission to Hillside Baptist Church to utilize the participant's image or likeness incidental to any live or recorded video display, photography or other transmission or reproduction, in whole or in part, of the activity to which this form admits him or her.

We/I do hereby grant permission of Hillside Baptist Church staff or martial arts instructors/assistants to take said participant to a physician or hospital, and hereby authorize medical treatment including but not in limitation to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical services rendered to our/my participant pursuant to this authorization.

The undersigned affirms: "I certified that I am at least 18 years old, and have read and fully understand and agree to the above waiver for myself and/or the participant."

PLEASE PRINT - Participant OR Parent and/or Legal Guardian (if under 18 years of age)

\_\_\_\_\_  
Address & Zip

\_\_\_\_\_  
Phone Number (Home and Cell/Office)

\_\_\_\_\_  
Emergency Contact #1

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Emergency Contact #2

\_\_\_\_\_  
Phone Number

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_