



AMHERST MARTIAL ARTS REGISTRATION FORM



Name:(first)_____ (last)_____ (mi)_____

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

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____ E-mail: _____

Martial Arts Experience: _____

Tae Kwon Do Goals: _____

Health Concerns: _____

How did you hear about us? _____

Consent and Release

I / the minor _____ age _____ wish to be considered as a student at Amherst Martial Arts where I will participate in athletic and martial arts activities. I explicitly recognize, acknowledge and understand that Tae Kwon Do is a hazardous sport in which I could sustain injuries. I hereby acknowledge, release, discharge and hold harmless AMHERST MARTIAL ARTS, ANNE SCHWARZ and all other instructors and / or Tae Kwon Do teachers from all actions, suits, sums of money, damages, claims and demands whatsoever, in law or equity, against them.

Signature

Date

If student is under the age of 18 years old, said consent and release is hereby agreed To and consented to by the students' undersigned parent and / or legal guardian.

Student' parent and / or guardian

Date