

TAE RYONG PARK ACADEMY

(Tae Kwon Do Registration)

Student Name: _____ Date of Birth: _____ Sex: M F
 (first name) (last name) (month / day / year)

Address: _____ City: _____ Province: _____ Postal Code: _____

Phone: (home) _____ (mobile) _____ Student Email: _____

Student's Employer (if applicable): _____ Work Phone: _____ ext. _____

Medical Condition: _____

PARENT / GUARDIAN INFORMATION (for minors)

1. **Parent / Guardian: Name:** _____ Email: _____
 Phone #: (home) _____ (work) _____ (mobile) _____

2. **Parent / Guardian: Name:** _____ Email: _____
 Phone #: (home) _____ (work) _____ (mobile) _____

Emergency Contact: (if different from above) (name) _____ (contact #) _____

Please take a moment to answer the following questions. Thank you.

1. How did you hear about the TRP Academy? _____

2. Does the student registering have any martial arts experience? _____
 If "YES": How long? _____ Level attained? _____
 Which martial art? _____

Monthly Payments

5 months (\$125/month) 10 months (\$119/month)

Monthly Tuition: \$ _____
Registration Fee: \$ 45.00 _____
Uniform: \$ _____

GST: \$ _____
 PST: \$ _____

Initial Payment: \$ _____

Monthly Payments: \$ _____ x _____

- Please post-date cheques for either the 1st or 15th of each month
- Please make cheques payable to TRP Academy

Full Payment

2 months (\$249) 5 months (\$599) 10 months (\$999)

Tuition: \$ _____
Registration Fee: \$ 45.00 _____
Uniform: \$ _____

GST: \$ _____
 PST: \$ _____

Total: \$ _____

Payment: _____ Balance Due: \$ _____ Uniform: Size _____ cm TRP Standard

Notes: _____

Start Date: _____ **Renewal Date:** _____

Location: 95 Scurfield 355 Gunn **Group:** _____ **Registered Classes:** M T W TH F

Terms and Conditions I enter into this Agreement with Tae Ryong Park Academy (hereinafter referred to as the "TRP Academy"), and do hereby agree, on behalf of myself, my children, and all persons who become entitled to use the facilities of the TRP Academy by virtue of my membership, as follows:

WAIVER AND RELEASE: I and my child(ren) fully recognize the risks of injury inherent in participating in any fitness or martial arts program, and we represent to the TRP Academy that we have taken all reasonable steps to determine that we are in good health and physically capable of participating in the programs and courses of instruction offered by the TRP Academy. We acknowledge that the TRP Academy shall make no, and shall have no responsibility to make any independent evaluation of our physical health or fitness. We understand and agree that all participation in any such fitness program or use of the TRP Academy's facilities or equipment on or off the premises of the TRP Academy shall be at our own risk.

We hereby release, indemnify, and hold harmless the TRP Academy and its officers, directors, employees and agents, from and against any and all claims, demands, damages, costs and liabilities of any kind or nature to myself or my child(ren), or of any person or persons who become entitled to use the facilities of the TRP Academy by virtue of our membership. We understand and agree that the TRP Academy shall not be responsible for the conduct of other users of the TRP Academy or its facilities or equipment, or participants in the TRP Academy's off-premises programs, or for any injury or damage to property resulting from such conduct, and we shall not bring any action or proceeding against the TRP Academy for any payment compensation or claim for any injury caused by any such user.

I, the undersigned, agree to keep in good standing the payments for the full duration of this contract. I am fully aware and understand that memberships are non-refundable nor transferable. I hereby assume all responsibility for the full payment of this membership.

Signature: _____
 (parent / guardian signature for students under 18 years of age)

Date: _____

Date: _____