



1-704-775-2740

Martial Arts school of Youn Wha Ryu Tae Sool
Member ship sign up form



Student Information:

Full Name: _____ Date of birth: ____/____/____
Home address: _____ City: _____ State: _____
Phone: ____-____-____ Email address: _____

Mom and /or Dad's Information:

Full Name: _____ Cell phone # : ____-____-____
Home address: _____ City: _____ State: _____
Home phone: ____-____-____ Email address: _____
Emergency contact: _____ Phone: ____-____-____

Legal Waiver:

I understand that there is a risk of personal injury involved in said course of instruction and with this knowledge and in consideration of the privilege of participation in the activities of Martial Arts school of Youn Wha Ryu Tae Sool, I agree to indemnify and save harmless Martial Arts school of Youn Wha Ryu Tae Sool, their designated agents, or any representative of Martial Arts school of Youn Wha Ryu Tae Sool from all losses caused by accident or injury to the Enrollee or said third party is injured in any way, during the proper performance and execution of Martial Arts instruction which includes any subsequent tournaments of other places of participation connected with the activities of Martial Arts school of Youn Wha Ryu Tae Sool. I further agree to wear all required safety equipment in accordance with the rules. Because of the physical demands of Martial Arts instruction, I further understand that I must be in good physical condition to participate in said instruction and hereby certify that I am in good physical condition by signing the Enrollment Agreement below or by signing of my parent or guardian. I also understand that any photographs of me that are taken may be used for publicity without compensation.



_____/____/____
Instructors Signature

_____/____/____
Parent Signature if student is 14 or younger

_____/____/____
Signature of Student