CHRISTIAN BLACK BELT ACADEMY

____ Tiny Tigers
____ Kids Club
____ Black Belt Club

STUDENT'S PERSONAL INFORMATION

Name:{_____}
Last First Middle

Address:{_____}
{_____}

City: {_____} State: {_GA_}
Zip: {_____}

Email Address: _____

Weight: _____ Height: _____

Sex: ☐ Male ☐ Female

Birthday: {____/____/____} Age: {_____}

Phone: { (____) _____-_____}

ADDITIONAL INFORMATION

☐Mother ☐ Father
{_____}
Email Address: _____
Home Phone: { (_____) _____-_____}
Work Phone: { (_____) _____-_____}
Cell Phone: { (_____) _____-_____}

☐ Mother ☐ Father
{_____}
Email Address: _____
Home Phone: { (_____) _____-_____}
Work Phone: { (_____) _____-_____}
Cell Phone: { (_____) _____-_____}

MEDICAL INFORMATION

Do you have any medical problems? No Yes — List: {_____}
Are you taking any medication? No Yes — List the Reason(s): {_____}
Do you have medical insurance? No Yes — Company: {_____}
If the parents cannot be reached, who should we contact?
Authorized Adult for Pickup: {_____} — Phone: { (_____) _____-_____}
Doctor: {_____} — Phone: { (_____) _____-_____}
Dentist: {_____} — Phone: { (_____) _____-_____}
Hospital of Preference: {_____}

MEDICAL RELEASE

I hereby give my permission to Christian Black Belt Academy to have my child treated in case of any emergency situation.

Signature of Parent _____ Date _____

PAYMENT AGREEMENT & HOLD HARMLESS AND LIABILITY RELEASE AND WAIVER

(Name)_____ Agrees to the Following:

Will Pay **_$48_** per month, for all scheduled weekly classes.
The Monthly class fee is due, whether the above named individual attends class or not, unless the class is cancelled by the instructor. The Fees for the Month are due by the 1st of each month. Agreement may be terminated with written notice prior to the 1st of the month. If payment has not been made by the 10th of each month, I agree the Credit Card on file (info below) will be billed for that month.

Card #: _____ Expiration Date MM/YY:_____/_____ CVV: _____ Zip:_____

Signature for Credit Card: _____

I, _____, have voluntarily submitted my application for registration as a student in the Christian Black Belt Academy Taekwondo Program. By submitting the application for membership, I certify that I am fully aware of and understand the inherent dangers in participating in the activities involving Taekwondo and other martial arts, and of the basic rules and procedures, including, but not limited to, promotional rank testing, summer camps, and tournaments which I might attend.

I understand and agree that the members of Great Beginnings of Dacula, its owners/board members, the instructors, or any other student, will not be responsible for my safety, nor will any of these parties or individuals serve as a guardian for my safety during this taekwondo program.

I understand and agree that neither the members of Great Beginnings of Dacula, its owners/board members, the instructors, or any other student, their agents or assigns, or any other individual or entity associated with the Christian Black Belt Academy, may be held liable in any way for any occurrence or event in connection with my membership or participation in tournaments or camps which may result in injury, death, or any and all damages to me or to my family, descendants, heirs, or assigns.

I understand and agree that in consideration of being allowed to be a student in this program including tournaments or summer camps, I hereby personally assume any and all risks involved in connection with same; and furthermore, I release forever the aforementioned individuals and entities and any other individual or entity associated with this program, for any harm, injury, or damage that may occur to me or befall me while I am a student in this program, including any and all risks connected therewith, whether foreseen or unforeseen, including any risks created and/or harm caused by any negligent act (excluding gross negligence or reckless behavior) or acts of any or all of the above-mentioned parties. Furthermore, I will hold harmless the above-mentioned parties from any claim by me, my family, my estate, my heirs, my personal representatives, or their assigns, arising out of my participation in the program, tournaments, or summer camps.

I further state that I am of lawful age and legally competent to sign this agreement, and that my signing this agreement is my own free act (unless this is signed by a parent or legal guardian). I also understand and agree that the terms herein are contractual, and they are not a mere recital or simply for information purposes.

I understand this program is a Christian based program, which will use Bible Scripture to motivate, enrich and encourage the student in their development.

I have read, understood, and fully informed myself of the contents of this agreement. I assume my own responsibility for my physical condition and capability to perform under the summer camp, programs or tournaments in which I may participate.

_____ _____ _____ By: _____
Witness Signature Date Parent or Legal Guardian (if appropriate)

NOTICE: Christian Black Belt Academy urges all members to obtain a physical examination from their physicians prior to the attendance in any Taekwondo class.