
MMK Tang Soo Do Enrollment Form

Today's Date: _____ Date of Birth: _____
Last Name: _____ First Name: _____
Address: _____ City, State & Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____

How did you learn about us? Internet Facebook Flyer Brochure Friend Other _____

EMERGENCY CONTACT INFORMATION:

Last Name: _____ First Name: _____
Address: _____ City, State & Zip: _____
Home Phone: _____ Cell Phone: _____
Relationship to Participant: _____
List any medical conditions for which we should be aware (but are not liable for): _____

Have you had any Karate training in the past? Yes No
If yes, when and how for how long? _____ With who? _____
What type? _____ Why did you stop? _____
What do you hope to learn/accomplish in this class? _____

How many classes a week do you intend to attend? One Two Three

Program and Rate Information

- Class includes adults and children. Children must be at least 6 years old to participate.
- Classes are Tuesdays, Thursdays and Fridays from 5:30 to 6:30 pm in the Yoga Studio of PTT.
- Uniforms are to be worn to each class. (Uniforms can be purchased through PTT – ask a Member Sales Representative).
- Fees due on the 1st of each month. Participants not current in their monthly fees are not eligible to participate in class until their account has been settled. Due to progressive nature of the class format, refunds for missed classes are not available.
- Individual Rate is \$80 a month. Family Rates (immediate family members residing in same household): \$80 for 1st person, additional \$70 for 2nd person, additional \$60 for 3rd person, 4 or more persons - \$250 total family rate.

MMK Tang Soo Do

RELEASE OF LIABILITY

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program and/or physical activity. It is critical that you read and understand it completely. After you have done so, please print your name and information legibly and sign in the spaces provided at the bottom.

Waiver and Covenant Not to Sue

I have volunteered to participate in a program of physical exercise training under the direction of Personal Training Transformations, LLC (PTT) and Moyer-Mulhern Karate (MMK), which may include, but not be limited to, martial arts/karate. In consideration of PTT's agreement to instruct, assist, train and have use of their equipment, I do here and forever release, discharge, and hereby hold harmless PTT and MMK, and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or cause of action, present or future, arising out of or connected with my participation in this or any exercise program and activity including any injuries resulting there from.

Assumption of Risk

I recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure, fainting, disorders in heartbeat, heart attack, and in rare instances, death. I understand that as a result of my participation in an exercise or physical activity program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life. Prior to participation in any physical activity or exercise program, it is advised that a full examination be given by my physician.

Acknowledgment and Agreement

In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate. I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this exercise program and/or activity. I understand that results are individual and may vary.

Please Print Legibly

Participant's Full Name: _____ Date of Birth: _____

Participant's Signature: _____ Date: _____

CONSENT AND RELEASE ON BEHALF OF MINOR - MUST BE COMPLETED FOR ALL PARTICIPANTS UNDER 18 YEAR OLD

I am the parent and/or legal guardian of the above named minor. I have read and understand this Release of Liability involves surrendering valuable legal rights of the minor and myself. I agree to be bound by all terms of this Release of Liability. I also give my consent to the participation in PTT and MMK's activities and exercise programs by the above named minor.

Guardian's Printed Name: _____

Address: _____ City, State & Zip: _____

Guardian's Email _____ Phone: _____

Guardian's Signature: _____ Date: _____

A copy has been offered and Accepted Declined PTT Staff Initials: _____