

# DERRICO'S BLACK BELT SCHOOL, LLC

Abbotsford\*\*\*Medford\*\*\*Marshfield

## APPLICATION FOR ENROLLMENT

Name \_\_\_\_\_

(Last)

(First)

( Middle)

Mailing Address \_\_\_\_\_

(Street)

(City)

(Zip Code)

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Previous Martial Arts Training? Yes \_\_\_ No \_\_\_

If yes, where \_\_\_\_\_ When \_\_\_\_\_ Rank \_\_\_\_\_

Any Known Medical Conditions? Yes \_\_\_ No \_\_\_

If yes, please describe \_\_\_\_\_

### Agreement

The undersigned, in consideration of being given instruction in the martial art of Tae Kwon Do, and being allowed to watch, practice, exercise, demonstrate, or otherwise participate in said martial art or given instruction at the Derrico's Black Belt School, LLC of Abbotsford, Medford, and Marshfield, Wisconsin; and understanding the practice of said martial arts is physical and can result in injury, does hereby irrevocably, personally, and for his heirs and legal representatives, release and waive any claims or causes of action which the undersigned may now or in the future have against Derrico's Black Belt School, LLC and any officers, employees, agents, instructors, and/or assistant instructors of Derrico's Black Belt School, LLC.

The undersigned also agrees to comply with all rules and regulations of Derrico's Black Belt School and takes full responsibility for all damages or injuries that may be sustained while attending and participating in any events, classes, or demonstrations of Derrico's Black Belt School, LLC

Dated \_\_\_\_\_ 20\_\_\_\_

Student Signature

IF THE APPLICANT IS UNDER 18 YEARS OF AGE, THIS APPLICATION MUST BE SIGNED BY HIS/HER GUARDIAN

OR PARENT WHO WILL THEREBY BE BOUND BY ALL THE TERMS OF THE APPLICATION.

Dated \_\_\_\_\_ 20\_\_\_\_

Parent/Guardian Signature

Parent/ Guardian - Please Print Name