



Master Steve A. Blakeley, Owner
P.O. Box 540
Portales, NM 88130
(575) 760-9416

Minor Registration and Release Form

Name: _____ Age: _____ Date of Birth: _____
Street: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

Parent or Guardian Name: _____
Street: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

Health:
List any health problems that may restrict your workouts _____

Medications:
List any medications prescribed for you by your doctor _____

This agreement, entered into by and between _____ who is a minor child under the age of 18, and his/her parents _____, and hereinafter referred to as student/guardian, and Steve A. and Jane Blakeley, owners of Eastern New Mexico Taekwon-Do, hereinafter referred to as owner, and Eastern New Mexico Taekwon-Do, hereinafter referred to as school, and all assistant instructors, visiting instructors, hereinafter referred to as instructors.

Whereas, student/guardian desired to received instruction in the sport, art and discipline of Taekwon-Do; and

Whereas, owner and instructors, for valuable consideration, have agreed to render said instruction to student/guardian; and

Whereas, classes will or may be held at school owned by, Steve A. and Jane Blakeley; and

Whereas, the parties are all in agreement that owner, school and /or instructors shall not be responsible or liable for injuries resulting from the instruction of Taekwon-Do to student/guardian. The parties mutually stipulate and agree as follows.

Student/guardian, for valuable consideration rendered, hereby agrees to hold owner, school and/or instructors harmless from any and all injuries resulting while receiving instruction from owner or instructors of Taekwon-Do or from injuries received as a result of participation in any Taekwon-Do activity or from injuries or property damage received in the travel to or from Taekwon-Do activities or injuries and/or damage received on the school properties. Student/guardian hereby stipulates that they understand that Taekwon-Do is a physical contact discipline which may cause serious personal injury. Student/guardian waive any and all claims that they might have in law or equity for injury or damage, disability, pain and suffering, loss of earnings, or any other compensable claim which might exist as the result of their participation in any Taekwon-Do activity against owners, school and/or instructors.

Student/guardian, further stipulates and agrees that they will pay to owner, school and/or instructors reasonable attorney's fees incurred in defending any suit brought by student in violation of this agreement.

Student's Signature _____

Guardian's Signature _____

FOR OFFICE USE ONLY

What class will the student be attending? Tots Juniors Adults

Has the student signed a release? Yes No

Did the student receive a New Student Packet? Yes No

Did the student purchase a book? Yes No

RECEIPT OF DUES

Individual, one month \$25 \$ _____

Additional family member(s), \$10 each, times () = \$ _____

Monthly Total \$ _____

Paying by the semester

multiply the number of months () by the monthly total \$ _____

and subtract \$10 \$ -10.00

Semester Total \$ _____

FORM OF PAYMENT

Cash

Check

Gift Certificate

Check Number _____