



Algona Taekwondo
Martial Arts Program
 Tom Brotherton / Teresa Bruns



“An Oath of Member”

1. *We, as members, train our spirits and bodies according to the strict codes of etiquette.*
2. *We, as members, are united in mutual friendship.*
3. *We, as members, will comply with regulations and obey the instructors.*

APPLICATION AND MEMBERSHIP RECORD

			Male or Female
Participant's Name	Date of Birth	Phone #	Sex (circle one)

Address	Town	Zip	Occupation

If under 18, complete the following:

Parent(s)' Name(s)	Address and Phone # (if different than participant's)

School Name (if student)	Grade	Email Address

ENROLLMENT

I am enrolling for course privileges and participation in all scheduled and special instructed classes.

Have you participated in a Martial Arts Program previously? Yes _____ No _____

	None	Recommended	Decided
Current Color Rank	Degree (circle one)		

LIABILITY WAIVER

In consideration of your acceptance of my entry into the Algona Taekwondo Martial Arts Program, I do hereby, for myself and my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against Algona Taekwondo, Tom Brotherton, Teresa Bruns, their teaching assistants, other Algona Taekwondo members, for any and all damages which may be sustained and suffered by me in connection with my association with or in the above athletic activity.

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING: (ALL APPLICANTS)

Name(s)	Phone

Address	Relationship to Participant

Signature of Participant	Date Started Algona TKD

Signature of Parent or Guardian (if participant is under age 18)

Date

Work #

