

CONTACT INFORMATION (Summer TKD Form)

2011

Please return this portion to Mr. Kinowski at the Carden Hall office, or mail to AJK'S Martial Arts and Fitness Center, Inc., 4475 Sea Harbour Drive, Huntington Beach, CA 92649.

Student's Name: _____ **D.O.B:** _____ **Age:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: () _____ **Cell Phone:** () _____

Work Phone: () _____ **E-mail address:** _____

Parent's Name: _____ **Parent's Signature:** _____
(Please print.)

Date: _____ *Please contact me at 714-791-5877 for additional information.*

PLEASE CHECK THE APPROPRIATE BLANK.

July camp: _____ August camp: _____ Day classes: _____

Total enclosed: \$ _____

Please make checks payable to AJK'S.

EMERGENCY INFORMATION

(Please print.)

Primary contact information (name and phone number):

_____ () _____

Secondary contact information (name and phone number):

_____ () _____

Doctor's name and phone number: _____ () _____

Special medical problems and/or medications: _____

In consideration of your accepting this registration, I agree to hold harmless Carden Hall, AJK'S Martial Arts and Fitness Center, Inc., Huntington Beach Black Belt Center, and any other employees, from any liability or claim or action for damages resulting from, or in any way arising out of, the participation in any Taekwondo program by the person(s) registered.

Parent's Signature _____ Date _____