

Lima Taekwondo and Martial Arts Academy

5903 Sepulveda Blvd. Suite A, Culver City, CA 90230 - 23377 Hawthorne Blvd, Torrance, CA 90505
Tel: 310.391.4950 (Culver City) 310.375.0777 (Torrance) Cell: 310.702.3358 Fax: 310.202.0744
www.limataekwondo.com

Student Registration Form (April – June 2010)

WESTCHESTER LUTHERAN SCHOOL

Student's Full Name _____ Grade _____ Age _____

Birth Date _____

Sex: () M () F

Address _____

City _____ Zip _____ Home Phone () _____

Cell Phone () _____ E-Mail: _____

Physical conditions or problems should know about: _____

Previous martial arts training: _____

(In Case of emergency, please notify)

Name _____ Phone () _____

Relationship _____ Cell () _____

Release of Liability

Whereas martial arts instructions provide numerous benefits in terms of physical conditioning and acquiring an effective art of self-defense, the very nature of this training will involve physical contact with other individuals which may result in personal injury.

By signing below, I am acknowledging my intent release, waive and discharge *Lima Taekwondo And Martial Arts Academy*, its officials, instructors, agents and/or employments from any claim or liability to my person from any cause, whether or not such injury results from the active or passive of the LTMAA.

Accordingly, I, for myself and my successors, personal representatives and assigns, hereby:

- (1) Assume all risks of personal injury resulting from my participating in LTMAA activities
- (2) Release and waive any claims and causes of action against the LTMAA for personal injury and/or consequential damage to me resulting from the future passive of the LTMAA in the operation, management or supervision of the LTMAA and
- (3) Agree to indemnify, defend, and hold the LTMAA free and harmless from any cost, loss or liabilities arising out of any injury to me in or around the LTMAA proximity.

I am aware and understand that, in general, martial arts are a hazardous activity, and I am voluntarily participating in the class and learning these activities with full knowledge of the danger. I hereby agree to completely accept alone, any and all risks of injury and I verify and confirm this statement.

Registration Deadline: All forms must be received by 48 hours prior beginning of the session.

Refund Policy Fees, absolutely NO refunds after the 2nd week have passed. There are no credits or refunds when children miss class.

Parent or Guardian Signature _____

Print Name Legibly _____

Date _____

Registration Fee () \$135 (7 weeks session) *Lima Taekwondo **CURRENT STUDIO MEMBER** gets 50% OFF at WLS* (\$67.50)

Uniform () \$50

Total Enclosed: \$ _____

Make Checks Payable To: LIMA TAEKWONDO

Mail this Form to:
5903 Sepulveda Blvd Suite A
Culver City, CA 90230
Tel: 310-391-4950

Credit Card Payments: FAX: 310-202-0744

Credit Card Payment () MasterCard () Visa

Cardholder's Name: _____ Phone # _____

Credit Card # _____ Exp. Date _____ Zip Code _____

Amount of charge: \$ _____

By signing this form, I authorize **Lima Taekwondo & Martial Arts Academy** to charge my credit card. My signature also indicates that I will not dispute those charges in the future through my credit card company.

Cardholder's Signature _____

Date _____