

Cincinnati Taekwondo Center

3600 Red Bank Rd · Cincinnati, OH · 45227



Student Personal Information

Salutation _____ First Name _____ Last Name _____ Nickname _____

Home Address _____ City _____ State _____ Zip _____

Gender _____ Home Phone _____ Work Phone _____ Mobile Phone _____

Email _____ Birthdate _____ Age _____ Responsible for billing _____ Yes _____ No

Allergies/Conditions _____ Medications _____

Please list any family members that are or have been students at CTC _____

Please tell us how you found us. _____ Another client _____ Drive-by _____ Flyer _____ Internet _____ Social media _____ Other

Person Responsible for Billing *if other than student*

Salutation _____ First Name _____ Last Name _____

Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Emergency Contact *other than person above:*

First Name _____ Last Name _____ Relationship to Student _____

Phone _____

Pre-Authorized Payment Plan Agreement

I hereby authorize Cincinnati Taekwondo Center, hereafter called CTC, to initiate entries to my: ___Checking ___Savings ___Credit Card account to debit the same to such account. Entries in the amount of \$_____ shall be made on the same day each month as your first month's start day.

I understand I will be billed continuously, as long as I (my child) continues to take classes at CTC.

I understand that if I wish to terminate or change my tuition in any way, I must fill out a tuition change form, and submit it two weeks prior to billing.

CTC may, at its discretion, adjust the monthly rate applicable to my category of tuition. I understand that I will receive at least two weeks notice prior to any such change.

When I change levels, I understand my billing will reflect the corresponding change in tuition.

Should any tuition draft not be honored by my bank for any reason, I realize that I am still responsible for that payment, plus a service charge applied by CTC. This is in addition to any service fee my bank may make. I understand that it is my responsibility to notify CTC in writing should I change my financial institution at any time.

Signature _____ Date _____

PLEASE TURN OVER

Minor Release

I understand that Taekwondo etc., involves certain inherent risks, notwithstanding the safety precautions which are taken. I assume such risks on behalf of my child. In consideration of your accepting my child _____, as a student in your program, for myself, my heirs, executors, administrators, and assigns, I waive and release any and all rights and claims for damages I have against Cincinnati Taekwondo Inc., its sponsors, agents, employees, representatives, successors, and assigns (hereinafter collectively termed the Center), for any and all injuries and losses suffered by my child and/or me and agree to indemnify and hold harmless the Center for any claims by me or my child arising out of participation in any program or otherwise at the Center or at any other location during an event sponsored by the Center. Additionally, I hereby grant the Center permission to render first aid emergency treatment which it considers necessary to my child while at the Center, or at any location during an event sponsored by the Center and release all right and claims for damage which said child or I may have against the Center in connection with the rendering of said first aid emergency treatment and agree to indemnify and hold harmless the Center for any claims by me or my child arising from said treatment. I consent on behalf of my child to publication of images and/or their name for use in Cincinnati Taekwondo Center promotional materials, whether electronic or printed. Said publication is without compensation and neither CTC nor agents operating on its behalf assume any liability attributable to publication. Students may revoke consent at any time by written notice to the President of Cincinnati Taekwondo Center."

Parent or Legal Guardian Signature/ Date

Consent for Treatment for Accident and Illness

Hospitals require that parents or adult guardians must give written consent before treatment of a "minor" (person under the age of 18) may begin unless the situation is life threatening. I understand that the Center is not responsible in matters of illness or accidents. I certify that my child has had a medical examination to assure physical fitness and capability to perform the activities involved in the programs offered by the Center. In the event of any emergency, I hereby give permission to the licensed physician selected by the Center to hospitalize, secure proper treatment, anesthesia, or surgery for my child. (In Cincinnati the Center will contact Children's Hospital.)

Parent or Legal Guardian Signature/ Date

Adult Waiver / Release

I understand Taekwondo involves certain inherent risks, notwithstanding the safety precautions which are taken. I assume such risks. In consideration of your accepting me as a student in your program, for myself, my heirs, executors, administrators, and assigns, I waive and release any and all rights and claims for damages I have against Cincinnati Taekwondo Inc., Its sponsors, agents, employees, representatives, successors and assigns, (hereinafter collectively termed the Center), for any and all injuries and losses suffered by me at said Center and I agree to indemnify and hold harmless the Center for any claims by me arising out of participation in any program or otherwise at the Center. Additionally, I hereby grant the Center permission to render first aid emergency treatment which is considered necessary to me in the event that I am physically unable to give consent as a result of an injury while in attendance at the Center and release all rights and claims for damages which I may have against the Center in connection with the rendering of said first aid emergency treatment and agree to indemnify and hold harmless the Center for any claims by me arising from said treatment. I further state that I am of lawful age and legally competent to sign this waiver/release. The student consents to publication of images and/or names for use in Cincinnati Taekwondo Center promotional materials, whether electronic or printed. Said publication is without compensation and neither CTC nor agents operating on its behalf assume any liability attributable to publication. Students may revoke consent at any time by written notice to the President of Cincinnati Taekwondo Center."

Signature/ Date

*** Office Use Only**

Program _____ Intro only _____

_____ Received Uniform _____ Entered in MB (don't forget Family Relationship, Belt Rank, and referred by sections)

_____ Received Patch _____ Card made (don't forget barcode with ID number of 5 digits only)

_____ Autobill Received _____ Received Tiger Handbook or Welcome Packet