

# 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 \_\_\_\_\_ Current Belt Color \_\_\_\_\_

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 \_\_\_\_\_ Newspaper \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Other \_\_\_\_\_

## Parent/Guardian/Spouse/Emergency Contact Information

### Parent 1 or Spouse:

Salutation \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender \_\_\_\_\_ Company or School \_\_\_\_\_ Responsible for billing \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

### Parent 2:

Salutation \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender \_\_\_\_\_ Company or School \_\_\_\_\_ Responsible for billing \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

### Emergency Contact other than parent or spouse:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

## Please turn over.

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### Office Use Only

Program \_\_\_\_\_

\_\_\_\_ 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)

\_\_\_\_ Received Tiger Handbook or Welcome Packet

\_\_\_\_ Autobill Received

## Pre-Authorized Payment Plan Agreement

I hereby authorize Cincinnati Taekwondo Center, hereafter called CTC, to initiate entries to my: \_\_\_Checking \_\_\_Savings \_\_\_Credit Card account and the Financial Institution named below 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.

CC Company \_\_\_\_\_ CC # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on card \_\_\_\_\_ Tiger Class Day and Time \_\_\_\_\_

Please attach a voided check for withdrawal from a checking account.

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

### 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