

## EMERGENCY CONTACT FORM

Please return this form to AJK'S Martial Arts and Fitness Center, Inc.,  
4475 Sea Harbour Drive, Huntington Beach, CA 92649.

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_  
(Please print)

## ATTENDANCE INFORMATION (Fall 2007)

My child will attend 2 classes per week \_\_\_\_\_

My child will attend 1 class per week \_\_\_\_\_

Bill me on a per class basis (\$17 per class) \_\_\_\_\_

Please note: Friday Fun Days are offered at no charge and do not affect your child's enrollment or billing status. During the school year, if you wish to make changes to your child's enrollment status, 30 days written notice is required. For more information refer to the enclosed Polices and Procedures or visit us at [AJKSTKD.com](http://AJKSTKD.com).

## 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., Hae Dong Martial Arts, 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 TKD program by the person(s) registered.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_