



# USWC Taekwondo Rock Creek

Family oriented martial arts training kids, teen and adults to be strong physical, mentally and emotionally

## Application for Enrollment

Student Name		Last Name	
Date of Birth	Age	Gender :	M      F
Home Address		City	Zip
Home Phone		Work Phone	
Email Address			
If minor, Parent Name			
How did you hear about us?			
Martial Arts Experience			
School/Employer Name		Grade Level	

I the above named, hereby enroll as a student of the U.S World Class Taekwondo Association and agree with the following:

1. I will observe and respect the regulations of USWC Taekwondo Association and obey;
2. I will train my mind and body according to the USWC Taekwondo Association 's strict code;
3. I understand and agree that USWC Taekwondo Association and the instructors will not be responsible for any damages or injuries whatsoever arising while the student is traveling to and from or in this Taekwondo school, even if said injury or damage is caused by student and/or employee or officer of the USWC Taekwondo Association schools or for any other reason.
4. Any photographs or video taken during USWC Taekwondo Association school activities may be used for promotional purposes.
5. I am in a good physical condition and have no disability, impairment or ailment preventing me from engaging in active or passive exercise or that will be detrimental or inimical to my health, safety, comfort, physical condition or that of others.
6. I understand that I must be accepted by the USWC Taekwondo Association in order to continue with Taekwondo training.
7. After enrollment, the amount paid is not subject to refund.

**I accept and agree to all the terms of the above**

Signature (if minor; guardian signature)	Date
Accepted by	Date