



# Tamarack TKD

**TAMARACK TKD**  
MARTIAL ARTS STUDIO

## Registration and Release Form

Tae Kwon Do  Pee Wee TKD  Wrestling  Ground Fighting   
Zumba  Weapons  Boxing  Yoga  Kid Escape  Feel Your Power

### Personal Data

Student's Name:	Age:	D.O.B.: / /	Sex: M F
Phone #'s: Home ( )	Cell ( )	Work ( )	
Address:	City:	State:	Zip:
e-mail address:			

### Medical/Health Information

Please describe any physical limitations you have: (i.e. asthma, allergies, heart trouble, disabilities, etc.)	
Your preferred medical center in case of necessary transport:	
Family physician:	Phone:
Health Insurance Carrier:	Group #:
Certificate:	Plan #:
Policy:	

### Emergency Contact

Name	Relationship	Phone numbers:		
		cell	home	work

### Liability Waiver

I hereby grant permission for my child and/or myself to attend Tae Kwon Do classes and all activities taught by Masters Jeff and Shelley Green and/or all Tamarack TKD and its affiliates' instructors. I also hereby grant permission for Masters Jeff and Shelley Green and any Tamarack TKD and its affiliates' instructors to take whatever steps he/she/they reasonably deem necessary to obtain medical care for my child and myself. I understand that payments for all expenses incurred for myself and/or my child's care are my responsibility, and I release Masters Jeff and Shelley Green and any Tamarack TKD and its affiliates' instructors from any liability payments.

**GENERAL RELEASE:** In consideration of my child, whose name is set forth above being permitted to attend the Tae Kwon Do classes and/or activities taught by Masters Jeff and Shelley Green and any Tamarack TKD and its affiliates' instructors, I hereby assume all risk of injury to both myself and my child, and waive any possible claim that might arise against Masters Jeff and Shelley Green and/or Tamarack TKD and/or Tamarack TKD and its affiliates' instructors. I also promise that both my child and myself, as well as any of our legal representatives, will not assert any claim against Masters Jeff and Shelley Green and/or Tamarack TKD and/or Tamarack TKD and its affiliates' instructors for any damages or injuries my child and/or myself may sustain during the course of the Tae Kwon Do lessons and/or any related activity or while going to or coming from the location of the Tae Kwon Do activity.

**PUBLICATION RELEASE:** I also hereby grant permission for Masters Jeff and Shelley Green and/or Tamarack TKD and/or its affiliates to use for publication and/or advertisement any photograph, video or written material, that was taken or obtained, during or associated with any Tae Kwon Do activity or other activity associated with Tamarack TKD, of myself and/or my child.

Student or Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_