

Blue Pacific TKD-MMA

1780 Fremont Blvd. Ste A
Seaside, ca 93955
831.309.2016

STUDENT APPLICATION AND WAIVER

Student Information:

Student Name _____ Date of Birth _____
Student Name _____ Date of Birth _____
Student Name _____ Date of Birth _____
Billing Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell: _____

Parent/Guardian Information:

MOTHER: _____ Home Phone: _____ Work Phone _____
FATHER: _____ Home Phone: _____ Work Phone _____

Emergency Contact:

Name: _____ Relationship _____
Home Phone _____ Work Phone _____ Cell: _____

I, the undersigned, do hereby for myself, my heirs, my children, parents, guardians, executors, administrators, personal representatives and assigns release, acquit, waive, hold harmless, indemnify and forever discharge all liability, rights and claims for damages that may be sustained or hereafter accrued to myself, my children, charges or guardians against Blue Pacific Taekwondo and its officers, agents, employees, representatives, successors and/or assignees from responsibility for any/all damages that may be sustained and suffered by me, my children, charges or guardians in connection with my association or the association of my children, charges or guardians with or entry in any practice or athletic event hosted or participated in by Blue Pacific Taekwondo, or that may arise from my, or that of my children, charges or guardians traveling to, participating in, and returning from such events.

I also understand that no refunds will be made by the association upon deposit or payment.

Applicant's Signature _____ Date _____
_____ Date _____

If under 18 years of age, signature of parent or guardian