



DREAM U.S. TAE KWON DO

22223 Palos Verdes Blvd., Torrance, CA 90505
310-316-7130 • www.DreamUSTKD.com



FREE PASS - CLASS TRYOUT

Student Information

Date of Try-Out:

Student's Name	Age	DOB	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Home Address			
Phone (Self or Parent's if minor)		Email (Self or Parent's if minor)	
Do you have any Martial Arts experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			
How did you find out about Dream U.S. Tae Kwon Do? <input type="checkbox"/> Daily Breeze <input type="checkbox"/> The Green Magazine <input type="checkbox"/> Drive-by <input type="checkbox"/> South Bay Monthly <input type="checkbox"/> B-day Party Name: _____ <input type="checkbox"/> Best Buy Guides <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Present Member <input type="checkbox"/> Other Please describe: Which one? Name:			

Assumption of Risk • Waiver of Liability • Medical Authorization • Photo Release

- Assumption of Risk** Sports participation can be dangerous. I recognize that severe injury, including permanent paralysis or death can occur in any activity involving height or motion, those activities including but not limited to dance, tumbling, and martial arts. Being fully aware of these dangers, I hereby give my consent for my child(ren) to participate in any and all programs and activities at Dream U.S. Tae Kwon Do and I ACCEPT ALL RISKS associated with such participation.
- Waiver of Liability** In consideration for me or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE Dream U.S. Tae Kwon Do and its owner, staff, employees, contractors and volunteers from all liability resulting from damages or injuries incurred as a result of participation including those resulting from acts of negligence.
- Medical Authorization** In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Dream U.S. Tae Kwon Do and their representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Dream U.S. Tae Kwon Do.
- Photo Release** I am aware that individual or group publicity photos or videos may be taken from time to time and in consideration for me or my child(ren)'s participation. I hereby grant my permission for my child's likeness to be used in publicity or advertising.
- I have read and understand this 1) ASSUMPTION OF RISK and 2) WAIVER OF LIABILITY and 3) MEDICAL AUTHORIZATION and 4) PHOTO RELEASE and I VOLUNTARILY affix my name in this agreement.

Student/Parent/Legal Guardian's Name: _____

Student/Parent/Legal Guardian's Signature: _____ Date: _____

"The Family That Kicks Together Sticks Together"