

Wagoner's Infusion Martial Arts Center

Department of Social Services (DSS)

Student Registration Form

Student Name: _____ Age: _____ Weight: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Phone: _____

Mother: _____ Phone: _____

Father: _____ Phone: _____

Email: _____ School Social Worker: _____

School Student Attends: _____ **Email:** _____

Please circle

CP EC PE CE HE GAB NH ALS CWS GH OHS CRHS Other: _____

Physical Conditions: (please circle all that apply) Heart, Asthma, Back Problem, Knee Problems, Arthritis, Others

(Please explain condition in detail)

Any prior physical training: yes ___ no ___ Explain: _____

In consideration of my/my child's participation in the Tae Kwon Do program, I and my Heirs and assigns hereby release and discharge Andrew Wagoner , Infusion Martial Arts, and Pro Clothes and any and all employees or agents thereof from all claims of any kind or nature whatsoever arising out of any events.

By signing you agree to above terms X _____ Date: _____

(If under 18 years of age, Parent must sign)

Parent/Guardian: X _____ Date: _____