

# TESTING REGISTRATION FORM

Student's Name \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_

Current Rank \_\_\_\_\_

Belt Size \_\_\_\_\_

Note: Belt size corresponds with uniform size. Check size on uniform tag.

### Special Notes:

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Change in information:  Way's to reach you incase of No Change

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Phone (work) \_\_\_\_\_ Cel \_\_\_\_\_

E-mail \_\_\_\_\_

Turn to the back and Sign!

# HOLD HARMLESS AGREEMENT

**NOTICE:** Taekwondo America and its agents urge all students to obtain physical examinations from their physicians prior to testing.

I have full knowledge that, by nature, testing participation may frequently include strenuous exercise and body contact along with their associated dangers. In recognition of the possible dangers connected with any physical activity, member(s) knowingly and voluntarily waive any right of cause of action of any kind whatsoever arising as a result of such activity from which any liability may or could accrue to Taekwondo America, Inc., Lake Norman Taekwondo, Inc., or their agents, officers, employees, school owners, or instructors.

I agree to waive claims against any person(s) or organization(s) connected with the testing for any injuries that I might sustain. I likewise assume full responsibility for all actions in connection with said championships.

I agree that any pictures taken of or by me in connection with said testing may be used for publicity or promotion without compensation at this time or any other time.

I, the undersigned, do hereby voluntarily submit my application for registration.

I further state that a current Agreement of Release is on file with my Taekwondo America licensed school or club.

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Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_