



Registration Form

Today's Date: _____ AmKor Gup #: _____

Student's Name: _____ Sex(Circle): Male/Female

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

Date of Birth: _____ Home #: _____

Cell# & Contact: _____ 2nd Cell # & Contact _____

E-Mail: _____

Father & Mother's Name: _____ School District: _____

Previous Experience (If yes, what school): _____

Previous Instructor: _____ Previous Rank: _____

Physical Defects: _____ Hospitalization (last 5 years): _____

List any and all medical conditions and problems, including, but not limited to: Epilepsy, Diabetes, High Blood Pressure, Heart Condition, Hemophilia, TB, Asthma, Hernia, Kidney & Liver Disorders, Upper and Lower Gastrointestinal Disorders, Etc.

All conditions of the agreement and release enumerated on the back of this form have been read and fully understood and are accepted and agreed upon by the undersigned.

Photo Release: I hereby consent that any photographs which have been, or will be taken in the future by AmKor Karate Institutes of Collegeville Inc., may be used by AmKor Karate for the purposes set forth by AmKor Karate for advertising and promotion of the AmKor Collegeville location without receiving compensation for material used in said advertising and promotion.

Signature of Student (If under 18, Guardian Signature): _____

How did you hear about AmKor: _____

Advertising Used: _____

Start Date: _____ Class Cycle: _____ Uniform Size: _____

Please read and sign the Release Form on the back of this page.

Agreement and Release

It is understood that the training, instructors, and/or lessons, which I have herein before registered for and agreed upon, involve STRENUOUS PHYSICAL ACTIVITY, PHYSICAL CONTACT WITH THE INSTRUCTOR (S) AND STUDENTS OF AMKOR KARATE INSTITUTES OF COLLEGEVILLE INC., AND MAY BE HAZARDOUS, AND MAY RESULT IN PERSONAL INJURY. The aforementioned party, whose signature is also hereinafter affixed, hereby avers and represents that he or she has no knowledge of any physical condition which would render it dangerous and/or hazardous to said party's health or safety for him or her to participate in such training, instructions, and/or lessons and PROMISES TO NOTIFY AMKOR KARATE INSTITUTES OF COLLEGEVILLE INC., COLLEGEVILLE, PENNSYLVANIA IT'S AGENTS, AND/OR INSTRUCTORS, IMMEDIATELY, IN WRITING, SHOULD ANY SUCH CONDITION DEVELOP. It is to the instructor (s) at Amkor Karate Institutes of Collegeville Inc., Collegeville, Pennsylvania before the next lesson, clinic, or tournament, which follows discovery and/or awareness by the undersigned of any change in his or her physical condition. Upon receipt of such notification, the instructor (s) reserve the right to terminate and/or discontinue and/or postpone further lessons for said individual.

Recognizing, and being fully aware of all the facts, assertions, and representations, herein before mentioned, the party whose signature is affixed below, individually and for his heirs, executors, administrators, successors, and/or assigns EXPRESSLY ASSUMES ALL RISK OF INJURY RESULTING DIRECTLY OR INDIRECTLY FROM TRAINING, INSTRUCTIONS, AND/OR LESSONS IN KARATE and associated martial arts received at Amkor Karate Institutes of Collegeville Inc., and from clinics, competitions, eliminations, and/or championships, which said party may enter.

Moreover, in consideration of receiving training, instructions, and/or lessons, at/by Amkor Karate Institutes of Collegeville Inc., said party, whose signature is affixed below, individually and for his heirs, executors, administrators, successors, and/or assigns, does hereby waive, release, and forever discharge any and all rights and claims for any damages or losses which said party may have, or which may accrue to said party against Amkor Karate Institutes of Collegeville Inc., and/or its instructors, officers, agents, representatives, successors, and/or assigns, and against its students, for any and all causes which may arise in connection with the training, instructions, and/or lessons in Karate and associated martial arts received at Amkor Karate Institutes of Collegeville Inc., and in connection with any competitions, clinics, eliminations, and/or championships, which said party may enter.

I DO SOLEMNLY SWEAR, OR AFFIRM, that I have truthfully and accurately completed all parts of this form and that I do fully understand the above Agreement and Release and will fully abide by its terms.

DATE

STUDENT'S/PARENT'S SIGNATURE