

**SCHOOL: Detroit Lakes SCHOOL OF TAE KWON DO & KUMDO**

**MAILING ADDRESS: 601 1/2 Hwy 10 E, Detroit Lakes, MN 56501**

**TELEPHONE NUMBER: 218-234-5890**

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**SECTION I: REGISTRATION FORM**

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Applicant's Name: Last \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Home Phone #: ( ) \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Spouse/Parent/Guardian: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Any Physical Conditions/Handicaps? \_\_\_\_\_

High Blood Pressure? \_\_\_\_\_ Heart Disease? \_\_\_\_\_ Lung Disorder? \_\_\_\_\_

If yes, your Family Doctor's Name: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Other Phone #s \_\_\_\_\_ (Work, Cell, Etc.)

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**SECTION II: AGREEMENT**

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***PLEASE READ CAREFULLY. THIS IS A LEGAL AGREEMENT.***

I understand that under the terms of this agreement the school obliges itself to furnish me with a competent instructor and facilities for teaching the lessons. The length of time allocated for the lessons are usually two lessons per week. Failure to take all lessons contracted for shall not relieve me of my obligation to pay the total tuition agreed upon. I further understand if I am absent or withdraw there will be no refunds for any tuition paid. Lessons may not be conducted on some national holidays or on days of Association sponsored tournaments.

In consideration of being accepted as a member, I the undersigned, agree to abide by the rules and regulations of The Detroit Lakes School of Tae Kwon Do & Kumdo, Evergreen Total Martial Arts and its affiliations; the U.S. Changmookwan Taekwondo Union (USCTU); The World Tae Kwon Do Federation (WTF); The United States of America Tae Kwon Do (USATKD).

***I fully understand that Martial Arts, Tae Kwon Do, Hapkido, MMA, and Kumdo are contact sports. I have read the Agreement, Release of Liability, and Acknowledgment of Assumption of Risk on BACK.***

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**SECTION III: FEE AND SIGNATURE**

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Enrollment Date: \_\_\_\_\_

By: \_\_\_\_\_  
Student Applicant's Signature

I agree to pay the current monthly student fees by the 1<sup>st</sup> class of each month.

By: \_\_\_\_\_  
Signature of Parent/Guardian, if the student is a minor

By: \_\_\_\_\_  
School Representative

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**SECTION IV: AGREEMENT, RELEASE OF LIABILITY, AND  
ACKNOWLEDGMENT OF ASSUMPTION OF RISK**

***PLEASE READ CAREFULLY. THIS IS A LEGAL AGREEMENT.***

***I fully understand that Tae Kwon Do and Kumdo are contact sports.***

I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** Lucas H. Holzhueter, Cynthia L. Brandt, The Detroit Lakes School of Tae Kwon Do & Kumdo, Evergreen Total Martial Arts, its officers, officials, agents, employees, volunteers, owners, and/or lessors of premises (“Releasees”) used to conduct tae kwon do, martial art, and/or physical fitness activities, **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES OR OTHERWISE;** except that which is the result of gross negligence and/or wanton misconduct.

I understand and agree that this Release of Liability Agreement covers each and every tae kwon do, martial art, and/or physical fitness activity or event in which I participate hereafter.

**I HAVE READ THIS AGREEMENT, RELEASE OF LIABILITY AND ACKNOWLEDGMENT OF ASSUMPTION OF RISK, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARYILY WITHOUT ANY INDUCEMENT.**

**SECTION V: SIGNATURE**

- Enrollment Date: \_\_\_\_\_
  
- Student’s Printed Name: \_\_\_\_\_
- Student’s Signature: \_\_\_\_\_
  
- Parent/Guardian’s Printed Name: \_\_\_\_\_
- Parent/Guardian’s Signature: \_\_\_\_\_  
(If the student is a minor)
  
- School Representative: \_\_\_\_\_
- Signature: \_\_\_\_\_