



# The Washington Tae Kwon Do Club

## *KinderKicks* Application Parents and Guardians, Please Print or Type Clearly

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

Tot's Birth Date: \_\_\_\_\_

Tot's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

(W) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile \_\_ (\_\_\_\_\_) \_\_\_\_\_

Tot's Height: \_\_\_\_\_

Tot's Weight: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

**PLEASE LIST ANY ILLNESSES THAT OUR STAFF SHOULD BE AWARE OF.**

(1). \_\_\_\_\_

(2). \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

Relationship: \_\_\_\_\_

I, THE UNDERSIGNED, do hereby waive all claims against any, or all persons connected with **THE WASHINGTON TAE KWON DO CLUB (WTKDC)** for any injuries that my child may sustain while participating in training and classes. I assume full responsibility for any, and all of my child's actions during, and in connection with The Washington Tae Kwon Do Club. I also waive the right for compensation for any and all photographs, TV interviews, radio talk shows, public appearances and demonstrations. I understand that upon my child's acceptance as a member, I will do my utmost to bring honor and esteem to the organization and to the Martial Arts. I also understand that **THIS IS NOT A CONTRACT AGREEMENT**, however, I realize that I must continue to pay my child's monthly fees, **EVEN IF MY CHILD DO NOT ATTEND CLASS** until I officially withdraw my child from The WTKDC. In addition, I agree to read all of the rules and regulations, class schedules, and payment requirements as written in the General Information Booklet. I also certify that my child does not have any illness or disease that is contagious and I relieve The Washington Tae Kwon Do Club from any liability for any illness or sickness that my child may incur as a result of their training.

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PLEASE READ AND UNDERSTAND THE TOTAL GENERAL INFORMATION BOOKLET ONCE YOU BECOME A WTKDC MEMBER. YOU HAVE THREE DAYS TO WITHDRAW FROM THIS AGREEMENT.

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**Choose Payment Option**

- Month to Month @ \$60.00 per month
- Quarterly (every three months) @ \$180.00 per quarter

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**The Washington Tae Kwon Do Club**  
**A Division of The Washington Health & Fitness Group**

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