



Master Reza Taekwondo Academy

Tell: (905) 918-1000 Direct: (416) 875-7392

First Name _____ Gender(M/F) _____

Last Name _____ Date of Birth(mm/dd/yyyy) _____

Address: _____

Email _____ Phone(day time) _____ Phone(Night time) _____

Health Card Number _____

Parent/ Guardian Name _____

Any Medical Issue? E.g. Diabeted,Heart Problems, Asthma, Physical Injuries

Have you had any Martial art s experience? Number of Years _____ Belt Level _____

Type of payments monthly \$ _____ 6months \$ _____ Yearly\$ _____

Yearly contract is non-refundable under any circumstances

Liability Waiver

I hereby release Master Reza's Taekwondo Academy from any and all claims for damages arising from any accidents or injury caused by or arising from the participation of the student named herein however caused. I recognize that there is risk involved in any sport. Athletic or recreational activity.

Parent /Guardian Signature _____ **Date** _____

If not 18yrs or older

Student Signature _____ **Date** _____

If member(s) does not wish to continue to be part of Master Reza Taekwondo Academy he/she must give 30 days written notice of intention to cancel the payments plan or no refund will be given.