

OXFORD ATHLETIC CLUB

TAEKWONDO REGISTRATION FORM

Child's Name _____ Membership # _____

Date of Birth ___/___/_____ Age _____ Phone # _____

Mother's Name _____ Membership# _____

Father's Name _____ Membership# _____

Address _____

Emergency Contact _____ Phone # _____

Parent's Email _____

Allergies:

____ None

____ Food Allergies

____ Bee Stings

____ Other _____

Medical Needs:

____ None

____ Asthma

____ Diabetes

____ Other _____

Please explain in detail any developmental or emotional needs your child may have.

I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Oxford Athletic Club (OAC), respective agents, successors, and assigned for any and all injuries which may be suffered by me/my child in connection with participation in Taekwondo programs. I grant OAC staff permission to seek medical attention if any emergency arises. I have notified the Director in writing of any condition, illnesses, or medication that may impair my child's ability to participate.

I agree to permit OAC to use my photograph and/or my family members' photographs to be used in any of the club's informational and promotional pieces without compensation. Those images will be used by OAC only.

Parent's Signature _____ **Date** _____

Return form:

- Fax 724-933-1910
- Email ktishky@oxfordathleticclub.com
- Drop off at club