

NEXTGEN TAEKWONDO



REFRACT



VIRTUAL TAEKWONDO

VIRTUAL CHAMPIONSHIP



ONG'S
TAEKWONDO

CONTACT INFORMATION

First Name:	Last Name:
Address/City/State/Zip Code:	
Email Address:	Cellular Number:
Date of Birth:	Age:
Gender:	Belt Level/Rank:

SCHEDULE

Description	Time	Day	Events	Price
Virtual Taekwondo			1	95

PAYMENT

Credit Card on file	Cash
will have 3% service charge	

Name on Card:	Expiration:	Zip Code:	Total Amount
Card Number:		Visa, Master, Disc, Amex	
Signature (Card on File):	CVV:	Total Events:	

LIABILITY WAIVER AND CONSENT TO MEDICAL TREATMENT

I hereby submit this registration and liability form to participate in the **Virtual Taekwondo**. I certify that the above information is true and correct and hereby discharge and waive any and all responsibility of the Ong's Taekwondo, Instructors and other officials from liability for any injury, including death, and for damage to or loss of property which may be suffered by myself arising out of, or in any way resulting from or attributable in whole or in part to my traveling to, training for, being coached in, using any sports equipment in, or participating in the **Virtual Taekwondo**. As a students or parental/legal guardian of the students, I give consent to x-ray exam, medical, chiropractic, dental or other treatments(s) deemed necessary for the safety and welfare of the contestant. I understand this authorization is given prior to any diagnosis, treatment or hospital care being required but is given to provide the medical/chiropractic/ dental staff authority to render care as deemed advisable. In the case of minors, it is understood that the efforts shall be made to contact the undersigned prior to rendering treatment, but will no be withheld if the undersigned cannot be reached. I understand that in case of injury, only basic first aid will be made available on site, and that i am fully responsible for any and all resulting medical or other expenses.

non-refundable

Parent Signature: _____

Date: _____