



AURORA TAEKWONDO

AFTERSCHOOL PROGRAM REGISTRATION

TODAYS DATE: _____

DD / MM / YEAR

Name: _____ M / F
First Name Last Name GENDER

Mothers Name: _____ Contact: _____

Address: _____

Fathers Name: _____ Contact: _____

City: _____ Postal Code: _____ Emergency contact: _____ Contact: _____

Birth Date: _____
Day Month Year

***E-MAIL: _____

GRADE: _____

How did you hear about us: _____

Contract Start Date: _____

Contract Expiration Date: _____
DD / MM / YEAR

SCHOOL INFORMATION:

Type of School: PUBLIC PRIVATE CATHOLIC

School Name: _____

School Address: _____

School Finish Time: _____

MEDICAL INFORMATION:

Health Card Number: _____

Allergies (Y/N) If yes, please specify: _____

Any Medical conditions we need to be aware of: (Y/N)

If yes, please specify: _____

TUITION	HST	TOTAL	DEPOSIT	BALANCE	PAYMENT STRUCTURE	DATE	\$PAID	PAYMENT METHOD
\$	\$	\$	\$ (first/last)	\$				
					PAYMENT 1			DBT/CSH/CHQ
					PAYMENT 2			DBT/CSH/CHQ
					PAYMENT 3			DBT/CSH/CHQ
					PAYMENT 4			DBT/CSH/CHQ
					PAYMENT 5			DBT/CSH/CHQ
					PAYMENT 6			DBT/CSH/CHQ
					PAYMENT 7			DBT/CSH/CHQ
					PAYMENT 8			DBT/CSH/CHQ
<p>I, the undersigned, as a student or, in the case of a student under 18 years of age, a parent/guardian of a student, agree that all of student's participation in class activities, exercises, training and practices are voluntary and based on own free will. I am fully aware of the risks involved and the degree of fitness level required in order to participate in class. I recognize that participation in class is not without potential risk of injury despite qualified and competent instructions from Aurora Taekwondo personnel. Therefore, I agree to indemnify and hold harmless Aurora Taekwondo and its instructors/personnel from all losses caused by injury and accident incurred during student's participation in class.</p> <p>Signature: _____ Date: ____ / ____ / 20</p>					NOTES			