## Park's Martial Arts Academy

## Tae Kwon Do & Hapkido

,(Student First & Last Name)	, residing at		
(Student First & Last Name)		(Street Addre	ess)
City of	, State of	,	,
City of(City)	(State)	(Z	ip Code)
and home (or cell) phone of	and o	email	hereby agree to
	(Phone Number)		, ,
take a training course in Martial Art		icademy beginn	ing on
	<del></del> •		
At all classes, practice sessions, and serious injuries and to minimize acceptions in the stream of the school. Recognizing that the stream of the structors, guest payment is nonrefundable. Testing	cidents, and it is required enuous nature of this ac sts, and members free an	that students of tivity involves rind harmless fron	bbey the rules and regulations of sk of injury, I agree to hold the
I have read and understand this agr	eement.		
Dated,	·		
			 Students Signatur
			Parent or Guardian's Signature