



Queens Taekwon-Do Center

Affiliated with the International Taekwon-Do Federation (ITF) • www.ITF-TKD.org
Affiliated with the National Taekwon-Do Association – ITF (NTA-ITF) • www.NTA-ITF.com



PAYMENT REGISTRATION COVID-19

Registration Date: _____

Student Number: _____

Frist Name: _____ Last name: _____

Address: _____ Ap # _____ City _____ State: _____ Zip: _____

Date Of birth _____ Place of birth: _____

Phone: _____

E-mail Address: _____

Emergency contact 1: _____ Relationship _____ Phone: _____

Emergency contact 2: _____ Relationship _____ Phone: _____

I understand that the tuition is \$ _____ every _____ month(s)

Note: No refund, balance of your account will be applied toward training.

Does your have any allergies or physical condition that may affect if he/she does exercise? Yes _____
If yes please name the conditions and what master should do in case of an emergency. No _____

Phone number and name of person in charge to call in case of an emergency

By mark the box I agree that I receive Taekwondo Lessons provide by Zoom and the instructors and Queens Taekwon-do Center, is not responsible of any injury tht could happens to during the Internet Taekwon-Do on line provide by Zoom

QTCC, committed to the instruction and advancement of ITF Taekwon-Do, agrees to provide competent and professional instruction to all of its students in all classes, practice sessions, tournaments, by Internet provide by Zoom on line.

I hereby recognize and agree to abide by the rules and responsibilities of QTCC, as outlined in the school requirements, and to comply with the instructions of QTCC instructors, at all times, while participating during this time provide by Zomm on line

I understand that if I choose to continue membership for myself and/or my child, all subsequent and continuing payments must be made upon completion of this, and any future payment period(s). I understand that tuition payments apply to the indicated time period(s), regardless of student’s absence, major holidays, and/or school holidays. All necessary payments and fees must be paid in a timely manner and are subject to any late charges and cancellation policies, as indicated, and any returned checks will result in a \$30 penalty fee.

Liability Waiver

I, for myself, my heirs, executors and assigns, have read and understand this waiver, and fully acknowledge, assume, and accept the risks of any injury that is common to any martial arts program that my child and/or I participate in. I certify that I am in good physical health and able to undertake and engage in the range of physical activities in which I choose to participate. I assume all responsibility for updating QTCC of

changes in physical and mental condition and for reporting all injuries sustained while under the supervision of QTCC to the manager on duty at the time of occurrence. I understand that any treatment given by staff shall be of the first-aid quality only and they are advised to seek further medical advice and / or treatment in the case of injury. By signing this waiver, do hereby waive and release QTCC and its owners, employees or agents from, and against, any and all claims, actions, causes of action, damages, costs, liabilities, expense of judgments, including attorney's fees and court costs, which may arise out of my/ my child's participation in this program. I understand that this liability waiver applies from the time of initial registration throughout the course of attendance, and for any future payment agreements.

By mark this box I agree with the information I provide is correct and promise to follow the conditions by

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