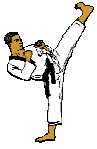


# REGISTRATION



**As a member club of the Amateur Athletic Union (AAU) we are required to register all students of Young Brothers TKD as members of the AAU. Please fill out the student information below and return this form to Master Scheuermann**

E- mail Address:

First Name :

Middle Name :

Last Name :

Address :

City :

State :

Zip Code :

Home Phone :

Work Phone :

Birth Date :

Gender :  Male /  Female

Do you have Health and Accident Insurance  yes /  no

**EMERGENCY CONTACT INFORMATION:**

Parent's Name(s): \_\_\_\_\_

Phone Number 1: \_\_\_\_\_

Phone Number 2: \_\_\_\_\_

Phone Number 3: \_\_\_\_\_

**Waiver:**

In recognition of the possible dangers connected with any physical activity, students attending Young Brothers Tae Kwon Do classes hereby knowingly and voluntarily waive any right of cause of action of any kind whatsoever arising as the result of such activity from which any liability may or could accrue to Young Brothers Tae Kwon Do, it's officers, agents, employees or instructors.

\_\_\_\_\_  
Parent's Signature (Parent signature required for Minors)