



Fighting Spirit Personal Safety

Registration/Release Form Women's & Teen Immersion Program

Name: _____ DOB: _____ Age: _____

Address: _____

Phone: (H) _____ (C) _____

Location of safety class: _____

Email Address: _____

I, the undersigned acknowledge that I will not participate in any part of the program in which I am uncomfortable. If I choose to participate, I am aware of the physical nature and risk of injury by taking this practical course in self defense training. I acknowledge that I am physically fit enough to participate in this course and also that not all techniques can be used in all situations. I also understand that proficiency can only be obtained through continued practice over time.

I agree to assume complete responsibility for any and all injuries that I may sustain during this training program and or while participating in any other activity related to this event with Midwest Tae Kwon Do LLC, Fighting Spirit Personal Safety LLC, Russell Gale, Tanya Panizzo and any and all assistants/ instructors in the course.

I understand that this program does not provide a guarantee that I will be free from harm after the class has commenced. I understand that it is an awareness program and is provided for the purpose to inform me of options that are available to me.

I acknowledge that if the student is of age 13-15 years than she must be accompanied by a responsible adult over the age of 18. That adult must be present for all parts of the program in which the student aged 13-15 years old is participating in. If the student is of age 16-17 than she may attend the program alone, but MUST have a parent or legal guardian sign the registration and consent form.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND SIGN IT VOLUNTARILY.

Signature: _____ Date: _____

Parent/Guardian (if under 18): _____

Telephone of parent/legal guardian: _____



Wellness/Fitness Form

Name of Participant: _____ DOB: _____ Age: _____

Telephone: (H): (____) _____ (C): (____) _____

Height: _____ Weight: _____

In Case of Emergency – Contact Information

Name: _____ Phone: (____) _____

Relationship to you: _____

Please answer the confidential information below:

Check any of the conditions below that you have had within the last year.

Asthma

Dizziness

Heart disease/attack

Vision or Hearing loss

Broken bones

Concussions

Back Injuries

Other/Please Explain

Surgeries

Explain: _____

Date of most recent medical exam: _____

Are you currently being treated for any medical condition? Yes No

Explain: _____

Are you currently taking any prescription drugs? Yes No

Have you ever been hospitalized for an injury? Yes No

Explain: _____

Do you have any physical/cognitive disabilities? _____

Explain: _____

Describe your current fitness level: Poor Fair Good Excellent

How frequently do you exercise? _____

THE ABOVE INFORMATION IS TRUE AND TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____