

Master Kim's Way – Tae Kwon Do Mr. Mike Castel - Instructor Registration and Consent Form

Name _____ Male / Female Age _____
Parent/Guardian Name _____ Phone# _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____

Cost \$45.00 per person per month: (students must also purchase required uniform made available by instructor). Payable at the beginning on each month.

Make checks payable to Beyond The Baseline or register online at www.beyondthebaseline.net
Send to: Beyond The Baseline, 1540 W 12 Street, Davenport, Ia,52804
Contact: Gary Thrapp 563-322-8434

*Please fill out the waiver below. The waiver and liability **MUST BE SIGNED** to have a valid registration.*

Waiver of Liability and consent

I, the parent or guardian of the applicant agree that "Beyond The Baseline", Instructor Mike Castel, and all individuals assisting in the programs in any capacity, will not be liable for any causes of actions, claims and injuries arising out of the participation of the applicant, and hereby release all said groups and individuals from such claims and liabilities. The undersigned acknowledges that in all sports there are certain risks of physical injuries and all players participate at their own risk, I, as legal guardian or parent of any applicant hereby consent to the participation of the applicant in the "Beyond The Baseline" program under the above mentioned conditions.

I, as the parent or legal guardian, state that the child _____ is in ample sports condition to participate in the program. By signing this form, you exclude Beyond The Baseline and any members of his staff from any normal injury and liability that might occur or labeled as normal sports injuries. If you do not wish to give consent for your player to be photographed, videotaped and/or filmed while participating in any program and for the resulting photos, etc. to be used by Beyond The Baseline, for educational and promotional purposes please check the space below. I have read and understand the above:

Parent or Guardian Signature: _____ Date: _____
I do not wish for my child to be used for educational or promotional purposes by photograph or video _____