



Therapy Solutions of Georgia, Inc.  
 3615 Braselton Highway, Suite 103  
 Dacula, GA 30019-5907  
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## SPECIAL DRAGONS TAE KWON DO ENROLLMENT FORM

*A Martial Arts Program Deigned Especially for  
 Special Needs Children*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

I hereby give consent for my child to participate in Therapy Solutions of Georgia, Inc. Special Dragons Tae Kwon Do Program. I understand that this is a non-medical program and will not be billed to and will not be covered by my insurance. I understand that space is limited and the non-refundable enrollment fee is due prior to the first class in order to secure a spot. I understand that I must be on location for the entire time that my child is attending class and I am encouraged to participate. I understand that failure to adhere to this policy will result in immediate dismissal from the program without monetary refund.

\_\_\_\_\_  
*(Parent's/Guardian's Signature)*

\_\_\_\_\_  
*(Date)*

Class Location: [ _____ ]	Session: [ _____ ]
Day: [ _____ ]	Time: [ _____ ]

Remarks: \_\_\_\_\_

Please indicate any areas of special interest or concern: \_\_\_\_\_

<input type="checkbox"/> 1 Month <input type="checkbox"/> 3 Months <input type="checkbox"/> Testing Fee <input type="checkbox"/> One-time Uniform Fee <small>(optional)</small>	<input type="checkbox"/> Check Enclosed # _____ <input type="checkbox"/> Cash Enclosed Please make checks payable to Therapy Solutions of Georgia, Inc. <input type="checkbox"/> (Mastercard) <input type="checkbox"/> (Visa) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Card Number</td> <td style="width: 30%;">Amount</td> </tr> <tr> <td>Signature</td> <td>Exp. Date</td> </tr> </table>	Card Number	Amount	Signature	Exp. Date
Card Number	Amount				
Signature	Exp. Date				

Students are encouraged, but not required to purchase a uniform. If students do not purchase a uniform, jogging pants and t-shirt are recommended

**Student Waiver/Release (“Agreement”)**

In consideration of my/my minor child’s participation in any way in any Tae Kwon Do activity (“Activity”), I, for myself, the minor child, my personal representatives, assigns, heirs, and next of kin:

1. Acknowledge, agree, and represent that I understand the nature of the “Activity” and that I am/the minor child is qualified, in good health, and in proper physical condition to participate in such “Activity”.
2. Fully understand that:
  - (a) athletic Activities, including Tae Kwon Do, involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death (“Risks”);
  - (b) these “Risks” and dangers may be caused by my own/the minor’s actions or inactions, the actions or inactions of others participating in the “Activity”, the condition in which the “Activity” takes place, or the negligence of the “Releases” named below;
  - (c) there may be other “Risks” and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such “Risks” and all responsibility for losses, costs, and damages I incur/the minor incurs as a result of my/the minor’s participation in the “Activity”
3. Hereby release, and forever discharge, and covenant not to sue Therapy Solutions of Georgia, Inc., or the instructors of the “Activity”, the owners and lessors of the premises on which the “Activity” takes place, (“Releasees”) and any other party indemnified and held harmless be each of the “Releasees” considered herein from all liability, claims, demands, losses, or damages on my/the minor’s account caused or alleged to be caused in whole or in part by the action, in action or negligence of the “Releasees” or otherwise, including, but not limited to negligent rescue operations, negligent security, and recreational operations and activities; and I further agree that despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or anyone on my/my minor’s behalf, makes a claim against any of the “Releasees”, I will indemnify, save, and hold harmless each of the “Releasees” from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may occur as the result of such claim

This “Agreement” shall be governed by the laws of the State of Georgia, and any legal action relating to or arising out of this “agreement” shall be brought exclusively in binding Arbitration in Gwinnett County, Georgia, through an Arbiter approved by “Releasees”, and subject to the Rules of the applicable Arbiter and applicable Georgia law.

**Publicity Waiver**

I hereby authorize the “Releasees” to allow the reproduction, dissemination, and/or publication of my/the minor’s name and/or likeness for media coverage, public relations, or any other purpose which may involve the use of photographs, films, and/or video tape recording. This is to be done in conjunction with my/the minor’s participation in this “Activity” and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my/the minor’s participation in the “Activity”, nor will I/the minor receive any payment for the possible commercial use of my/the minor’s name or likeness

I have read this “Agreement”, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by lay and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Printed Name of Parent (if participant under age 18)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Second Phone (emergency)

\_\_\_\_\_  
Participant’s Signature (Parent’s Signature if participant under age 18)

\_\_\_\_\_  
Date