



MOE'S SIDEKICKS TAEKWONDO CENTER  
2985 G ST. MERCED, CA



## MEMBERSHIP APPLICATION

(STUDENT INFORMATION)

FIRST NAME: \_\_\_\_\_ LAST NAME \_\_\_\_\_

AGE: \_\_\_\_\_ D.O.B: \_\_\_\_\_ GENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE#(BEST NUMBER TO REACH YOU) \_\_\_\_\_ ALT # \_\_\_\_\_

EMAIL: \_\_\_\_\_ DO YOU TAKE TEXT MESSAGES: Y / N

(PARENT INFORMATION IF APPLICABLE)

NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_ DO YOU TAKE TEXT MESSAGES: Y / N

**MEMBERSHIP TYPE:** ( ) TAE KWON DO ( ) KICKBOXING

( ) BULLY DEFENSE WORKSHOP ( ) CAMP ( ) SUMMIT

TRIAL SPECIAL: START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ TOTAL FEE: \_\_\_\_\_

NOTE: GET UP TO \$30 OFF IF YOU UPGRADE TO A LONG TERM MEMBERSHIP BEFORE YOUR TRIAL EXPIRES  
(A MINIMUM OF 2 WEEKS PRIOR TO YOUR TRIAL ENDING)

### Liability Waiver Form & Other Things to know

To the best of my knowledge, I am in good physical condition and fully able to participate in this course. I am fully aware of the risks and hazards connected with the participation in Taekwondo, Kickboxing, Cardio activity, and including physical injury or even death, and hereby elect to voluntarily participate in said event/class, knowing that the associated physical activity may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this course. I further certify that I am at least 18 years of age. If under 18, my parent/guardian is the below signed. **I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE**, Moe's Sidekicks Taekwondo Center & their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted. **It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES.** I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of California. **In signing this release, I acknowledge and represent that I HAVE READ THE FOREGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY** as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and **I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.** I also agree to pay Tuition on Due Date, or pay late fee of \$10 (5 days after Due date), I also agree that pictures and media of me may be used for promotion or advertising purposes. There are **NO REFUNDS** although you may be eligible for a 1 month FREEZE (Emergency or activity that makes it impossible for me to attend) a Freeze means we put on hold your membership for 1 month and just continue 1 month later. I also Understand I need to show respect to the training facility by respecting property, picking up your trash, and **NO SHOES** on the mats.

Any Medical Conditions \_\_\_\_\_

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Signature  
Parent's Name (if under 18)

**ADDITIONAL FAMILY MEMBERS**

FIRST \_\_\_\_\_ LAST \_\_\_\_\_ AGE \_\_\_\_\_ D.O.B \_\_\_\_\_ GENDER \_\_\_\_\_

FIRST \_\_\_\_\_ LAST \_\_\_\_\_ AGE \_\_\_\_\_ D.O.B \_\_\_\_\_ GENDER \_\_\_\_\_

FIRST \_\_\_\_\_ LAST \_\_\_\_\_ AGE \_\_\_\_\_ D.O.B \_\_\_\_\_ GENDER \_\_\_\_\_

FIRST \_\_\_\_\_ LAST \_\_\_\_\_ AGE \_\_\_\_\_ D.O.B \_\_\_\_\_ GENDER \_\_\_\_\_

ADDITIONAL PHONE # (IF ANY) \_\_\_\_\_

ADDITIONAL EMAILS (IF ANY) \_\_\_\_\_

ADDITIONAL ADDRESS (IF ANY) \_\_\_\_\_

ANY MEDICAL CONDITIONS: \_\_\_\_\_

\_\_\_\_\_