



# Kim's Tae Kwon Do

656 Fairview Rd • Simpsonville, SC 29680  
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Grand Master Jin W. Kim • **We Build Champions Of Daily Life!** • Master Sun Jin Won

## Registration Form

### Sparring Seminar

Thursday, June 18<sup>th</sup> – Saturday, June 20<sup>th</sup>

At: Jin W. Kim's Tae Kwon Do - Simpsonville, SC

**Cost:** \$150.00

**Payment Information:** Certified check or money order made payable to **Jin W. Kim.**

**Mail to:** Kim's Tae Kwon Do

656 Fairview Rd  
Simpsonville, SC 29680 - (864) 228-3800

Please print or type all information.

Student Name: \_\_\_\_\_ Sex: M / F Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Belt Color: \_\_\_\_\_ Instructor's signature (if lower than Red belt): \_\_\_\_\_

Name of Parents, if enrollee is a minor: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Email: \_\_\_\_\_

T.K.D. School: \_\_\_\_\_ Instructor: \_\_\_\_\_

Health Condition, list physical defects: \_\_\_\_\_

Please circle any that apply to you: Epilepsy, Diabetes, High Blood Pressure, Tuberculosis, Asthma, Anemia. Please explain any precautions: \_\_\_\_\_

Hospitalized in the past three years? Yes \_\_\_ No \_\_\_ If yes, please explain. \_\_\_\_\_

### Liability Waiver (Mandatory)

1. The undersigned hereby enrolls my son or daughter in Kim's Sparring Seminar.
2. The undersigned for the purpose of enjoying the benefits of Instruction agrees to the below and agrees to pay the fee as described above.
3. It is understood that the fees will not be returned to any student for any reason.
4. I willingly agree to obey Kim's Tae Kwon Do's instruction in all ways, and it is understood and agreed that Kim's TKD shall not be liable for any damages or injuries occurring from the above mentioned sparring seminar.
5. The enrollee understands that there is a risk of personal injury in the said course of instruction and with this knowledge agrees to indemnify and hold harmless Kim's Tae Kwon Do and the State of South Carolina Tae Kwon Do Association from all losses caused by accident or injury to the Enrollee or to third persons who may be Enrollees of Kim's TKD. In the event that either the Enrollee or said third person is injured in any way during proper performances and execution of Sparring Seminar Instruction, Enrollee understands that he or she must be in good physical condition to participate in the said instruction and hereby certifies that he or she is in good physical condition.
6. The aforesaid Sparring Seminar involves some physical contact with the instructor and other students, which may occasionally result in accidental personal injury. Classes, practice sessions, and contests involve strenuous exercise, and I Hereby represent that I have no knowledge of any physical conditions which would render me unable to participate in such class sessions or contests, that I am not enrolling the Seminar against medical advise, and that I assume all risks of the Sparring Seminar training.
7. Any photographs, motion pictures, or video tapes taken of me during the school's activities may be used for promotional purposes without compensation. I understand and agree that the School reserves the right to change the hours, day, and place of the seminar at any time without advance notice and that I will not be entitled to any refund if any such changes are made.
8. I pledge never to use the knowledge gained at the Sparring Seminar except to protect the honor or well being of myself or the the defenseless. I, the undersigned, upon being permitted to participate in the Sparring Seminar, will obey the rules, and will endeavor to conduct myself in a manner of a student in my daily life and in class, and will never do anything to bring disgrace upon Kim's Sparring Seminar. I have read the above questions and answers. The answers are both true and complete. I swear that I will faithfully fulfill my duty.

Contestant's Signature (Parent's or Guardian's signature if competitor is under 18 years of age)

Date