

# First Coast Taekwondo

8970 103rd St Landing Suite 4  
Jacksonville, FL 32210

Phone (904) 778-2348  
Fax (904) 777-2277

## Child's Information

Child's full legal name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Child's preferred name \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Who has legal custody \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's name \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Father's name \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

The child will be released only to the parent(s) authorized, or in the manner authorized in writing, by the custodial parent(s) or legal guardian(s). The following people are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Street Address, Apartment City State Zip

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Street Address, Apartment City State Zip

Child's Physician Health Resource: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_  
Street Address, Apartment City State Zip

Has child had: Surgery \_\_\_\_\_ Serious Illness/Accident \_\_\_\_\_  
Allergies \_\_\_\_\_ Other \_\_\_\_\_

Special needs of child \_\_\_\_\_

**I give permission to consult a physician in case of emergency if I/we cannot be reached.**

\_\_\_\_\_  
Signature of Custodial Parent or Legal Guardian Date

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## Authorization to Take into Custody

As a representative of First Coast Taekwondo, I am taking \_\_\_\_\_,  
Child's name

born on, \_\_\_\_\_, into custody for the purpose of escorting \_\_\_\_\_  
D.O.B him/her

to First Coast Taekwondo and/or field trips.

\_\_\_\_\_  
Elementary School Name

\_\_\_\_\_  
Grade of Student

\_\_\_\_\_  
Teacher's Name

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Release for Emergency Care

This form must contain only one child's name, be notarized and updated annually.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child \_\_\_\_\_ in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Family Physician's Name/Health Care Resource \_\_\_\_\_ Telephone Number \_\_\_\_\_

Allergies: \_\_\_\_\_

Date of last DPT or Tetanus: \_\_\_\_\_

Insurance Company covering child: \_\_\_\_\_

Policy Number \_\_\_\_\_ Group No. \_\_\_\_\_

Signature of Custodial Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name \_\_\_\_\_ Area Code, Telephone Number \_\_\_\_\_

Street Address (number, apartment, street) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
by \_\_\_\_\_, who is personally known to me or who has  
produced \_\_\_\_\_ as identification and who did (did not) take an  
oath.

Signed: \_\_\_\_\_

Name - typed, printed or stamped \_\_\_\_\_

Title or rank \_\_\_\_\_

Serial number (if any) \_\_\_\_\_

**MUST BE NOTARIZED PRIOR TO SIGNING**

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## Parents Acknowledgement of Rules and Regulations

I hereby acknowledge receipt of the First Coast Taekwondo Kickin Kids After School and Summer Camp Program Rules and Regulations and policies. I further attest that I have reviewed the Discipline Procedures and Policies with my child(ren) and by signing below I agree to abide by these rules and regulations.

I am aware of and agree to:

First Coast Taekwondo's drop off and pick up times

Attendance Policy

Policies of Parent Handbook

Two week withdrawal notice

Holiday's that First Coast Taekwondo is closed

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Child's Name

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Signature of Parent or Guardian (circle one)

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Date

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## Permission to Ride Form

I (We) hereby grant permission for \_\_\_\_\_  
to ride to the after school program located at 8970 103<sup>rd</sup> Street Landing Suite #4,  
Jacksonville, Florida 32210 and/or to any field trips on the following days:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Students will be traveling in the following manner:

- School Bus
- Commercial Transportation Carrier
- Private Passenger Vehicle
- Other: 15 Passenger van or other FCT Vehicle

1) I authorize school representatives to obtain medical treatment for my child in case of serious illness or injury and agree to pay for such treatment.

2) I have noted any special health-related conditions or allergies regarding my child.

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Alternate Emergency Contact

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

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## Parents Agreement to Pay

I \_\_\_\_\_, the parent or guardian of \_\_\_\_\_,  
Parent/ Guardian Child(ren) name

am responsible for making weekly tuition payments in the amount of \$ \_\_\_\_\_ during the school year and \$ \_\_\_\_\_ during the summer. Payments are due on Tuesday of each week. Payments become delinquent if not received by Tuesday's close of business. A \$10.00 late fee will be assessed each time a payment is delinquent. In addition, an additional \$10 late fee will be assessed each a payment is delinquent until your account is current. Payments are accepted in the form of cash, check, Visa, or MasterCard. Checks are to be made payable to First Coast Taekwondo (F.C.T.)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

DL# \_\_\_\_\_  
State \_\_\_\_\_ Expiration \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone # \_\_\_\_\_

Work # \_\_\_\_\_

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## AGREEMENT OF RELEASE

This document affects you and/or your child's legal Rights. You must read and understand this Agreement before signing it.

Full Name of Participant: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

If under 18, Name of guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work#: \_\_\_\_\_

I the above named person being above the age 18, or the legal guardian of the above named person who is under 18, in consideration of the services of First Coast TaekwonDo any rate charged for those services, and the right to engage in activities at the facilities provided by First Coast TaekwonDo at 8970 103rd Street Landing Ste #4, as a participant, hereby acknowledge, agree, promise, and covenant with First Coast TaekwonDo and all other persons or entities which may be connected to First Coast TaekwonDo as follows:

1. IN CONSIDERATION OF THE BENEFITS DERIVED FROM FIRST COAST TAEKWONDO, I AGREE TO INDEMNIFY, RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE FIRST COAST TAEKWONDO, OR ITS INSTRUCTORS, their agents, servants, and employees, and assigns and any and all other persons or entities which are related to, arise out of or are in any way connected with participation in TAEKWONDO instructed by First Coast TaekwonDo. For the purposes herein, they shall be referred to as "Releasees," from all liability to the named participant, or the legal guardian of the named participant, his or her personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore. On account of injury or illness to the person or property or resulting in the death of the named participant, whether caused by the negligence of the "Releasee," or otherwise while the participant is participating in TaekwonDo, as supervised by the Releasees, whether it be active participation or mere observance.

2. I and/or MY LEGAL GUARDIAN EXPRESSLY ACKNOWLEDGE, UNDERSTAND, AND APPRECIATE, AS ANY CAREFUL, CONSCIENTIOUS, EVEN TEMPERED, AND HONEST "REASONABLE PERSON" WOULD, THE FORESEEABLE RISKS WHICH MAY BE INVOLVED IN THE PARTICIPATION OF TAEKWONDO, Which by its nature includes strenuous exercises, and BODY CONTACT. I and/or MY LEGAL GUARDIAN also expressly consents to confront these foreseeable dangers, and further agrees, understands and recognizes that these risks may result in SERIOUS INJURY or illness, including bruises, bloody noses, broken bones, and/or DEATH, and/or property damage. I further understand and acknowledge that these risks may result in personal claims against the Releasees, First Coast TaekwonDo, or claims against me by other participants and third parties, but I expressly covenant not to sue the Releasees for any damages which may result from the named participant's participation in TaekwonDo.

3. I and/or MY LEGAL GUARDIAN HEREBY FORESEE THE RISKS OF AND ASSUME FULL RESPONSIBILITY FOR ANY BODILY INJURY, including bruises, bloody noses, broken bones, or other serious injury resulting in death or property damage relating to the duty of care of the releasees or otherwise, while participating in TaekwonDo supervised by the releasees. I and/or my legal guardians further expressly agree that the foregoing Release, Waiver, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the laws of the state of Florida or the law of the province or state in which an event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

4. I and/or MY LEGAL GUARDIAN(S) HAVE READ AND VOLUNTARILY SIGNED THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made. By voluntarily affixing my signature below, I warrant that I have read the entire Agreement and understand all of the foregoing: IN SIGNING THIS DOCUMENT, I FULLY RECOGNIZE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED WHILE I AM PARTICIPATING IN TAEKWONDO INSTRUCTED BY FIRST COAST TAEKWONDO, I WILL HAVE NO RIGHT TO MAKE CLAIM OR FILE A LAWSUIT AGAINST FIRST COAST TAEKWONDO, ITS OFFICERS, AGENTS, EMPLOYEES, OR SUPPORTERS, EVEN IF THEY OR ANY OF THEM FAILED THEIR DUTY OF CARE AND WERE NEGLIGENT ANY BODILY INJURY OR PROPERTY DAMAGE.

Please state any medical condition(s) the student has that First coast TaekwonDo and the releasees should be made aware of:

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(If participant is under 18)