





## **United States Taekwondo Association**

## **Certified School Application**

Address			
			Phone
Age Gender Belt or	Dan Ranking		
School Name			
Number of Students Nu	ımber of Instruc	ctors	
School Email/Web Site			
School Address			
School AddressSECTION	TWO/FOCUS OF C		

The Student/Guardian agrees that all courses and exercises are taken at the Student's own risk. The Student/Guardian certifies that the enrollee is in good health and physically capable of studying in the martial arts. The Student/Guardian understands that there is a risk of personal injury involved in the course of instruction and with this knowledge agrees to indemnify and save harmless the instructors, assistant instructors and personnel of the United States Taekwondo Association from all loses caused by accident or injury to the Student in the event that the Student is injured in any way during the performance of any martial arts exercises. The Student further agrees to follow all rules and regulations pursuant to the safety standards set by the United States Taekwondo Association and may face dismissal from the USTA should abuses of said rules and regulations occur during practice.

Student/Guardian Signature \_\_\_\_\_\_ Date \_\_\_\_\_