



H.M.D. ACADEMY CHICAGO

Enrollment and Waiver Form

Participant(s) Taking Class:

Last Name: _____ First Name: _____ Room #: _____

Last Name: _____ First Name: _____ Room #: _____

Tuition (18 Classes, September 19 - November 16) : **\$252** **Uniform** (mandatory at first enrollment): **\$35**

Make Checks Payable to: H.M.D. Academy Chicago or Credit Card Payment:

Credit Card #: _____ Expiration Date: _____ Zip Code: _____

Complete if Participant is a minor – Parent/Guardian:

Last Name: _____ First Name: _____

Address: _____ City/State: _____ Zip Code: _____

Phone: _____ Email: _____

One of the main benefits of the H.M.D. System is our willingness and ability to work directly with you on any or all concerns you may have. Please check over the list below and mark the line by your appropriate concerns. In the spaces below, rank the five areas which most apply to you, with one indicating the highest priority.

- | | |
|---|--|
| <input type="checkbox"/> School Work | <input type="checkbox"/> Self-Defense |
| <input type="checkbox"/> Relationship / Respect | <input type="checkbox"/> Emotional (Self-Esteem) |
| <input type="checkbox"/> Responsibility (Self-Discipline) | <input type="checkbox"/> Fun / Social |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Art Itself |
| <input type="checkbox"/> Physical Fitness | <input type="checkbox"/> Learn Skill /Coordination |
| <input type="checkbox"/> Relaxation / Stress Management | <input type="checkbox"/> Inter-cultural Experience |
| <input type="checkbox"/> Living up to Potential | <input type="checkbox"/> Focus |

I understand that by signing this agreement, I am entitled to participate in an introductory *Tae kwon Do* lesson through H.M.D. Academy at no cost. If this is for a minor or dependent child, my signature grants permission for their participation in this introductory offer.

I, the undersigned, further do hereby, for myself, heirs, and assigns, release and hold harmless H.M.D. Academy, including, but not limited to, its officers, employees and instructors, for any damages or injury sustained or caused as a result of participation in any class, event or special promotion held through any H.M.D. Academy. In addition, I consent to the use of photographs or images of me and/or my child(ren) by H.M.D. Academy for promotional purposes without compensation.

Date: _____

Participant Signature: _____ Parent/Guardian: _____

