



We build strong kids, strong families, strong communities.

Milan Family YMCA
Nancy Hanks, CEO
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Milan, Tennessee 38358
731-686-9000
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Program Registration Form

Program registering for: **Tae Kwon Do**

Participant Information

Last Name _____ First Name _____ MI _____
Address _____ City _____ Zip _____
Phone no. _____ Date of Birth _____ Sex: Circle **M** or **F**
Grade _____ Age _____ Shirt Size _____ School Attending _____
Parents' Name _____
Phone no. _____ Cell Phone no. _____
E-mail _____

Would you like to volunteer? Circle one: **Head Coach** **Assistant Coach** **Referee** **Team Parent**

Does your child have any conditions which might limit physical activity?

I/we, the parent(s) of _____ do consent to and authorize for my/our child to participate in the program/activity for which application is being made, understanding that there may be some risks attendant to or some hazards associated with said program/activity.

I/we do absolve from liability and agree to waive, release, discharge, indemnify and hold harmless the Milan Family YMCA, its directors, officers, employees, agents, or volunteers from any and all claims for personal injuries to my/our child, or damage to his or her property, while participating in, traveling to or from, the program/activity for which said child is being enrolled. It is further understood the Milan Family YMCA does not provide any type of health or accident insurance protection, and I assume this responsibility.

I/we grant the Milan Family YMCA and its staff or authorized representative the right to seek medical attention for me should it become necessary to do so; and I will assume all responsibility for expenses related to such treatment.

If requested, I/we will furnish proof of the date of birth of said child.

I certify I have read, understand and agree with the above.

Parent's Signature _____ Date _____

No Refunds

Staff Use Only

Staff Initials _____ Amount Paid _____ Check no. _____ Cash _____ Date _____

In computer? Yes No Circle one: Member or Non-member