



Please fill out the form below and return to the instructor.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
AGE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_

## REGISTRATION

Please make checks payable to:  
"Wheatley Taekwon-Do"  
PO BOX 33205  
RENO NV 89533

I hereby apply to participate in the Wheatley Taekwon-Do Academy. If I am accepted, I pledge to obey all rules and regulations which are set up for the purpose of maintaining order and protecting students from injury. I recognize the necessity of my adherence to these rules due to the risk involved in martial arts. I understand that training at Wheatley Taekwon-Do Academy involves strenuous physical exercise therefore I have submitted details of any physical conditions I may have which would render me unable to participate or continue in this activity. In consideration of accepting my application I hereby release Grandmaster Robert N. Wheatley, all instructors, facility owners and authorized guests from all responsibility for, and from all claims due to any injuries I may receive while on the way to practice, during practice and on the way from practice, whether held at the academy or other locations. The parent or guardian of the applicant hereby request that this application be accepted, and in consideration thereof agree to indemnify all Wheatley academy instructors, facility owners and authorized guests including National and International governing bodies from all claims made by, or on behalf of the applicant for the aforesaid consideration. (Note) Wheatley Taekwon-Do Academy may refuse instruction.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
GUARDIAN'S SIGNATURE (If under 18): \_\_\_\_\_