ADULT

Huntingdon Valley Activities Association
P.O. Box 155
Huntingdon Valley, PA 19006
(215) 947-9823
www.hvaa.net

HVAA Use Only
Cash/Money Order Amount _____
Ck. # _____ Ck. Date _____
Ck. Amount _____

❑ **Registered**

TAEKWONDO ADULT REGISTRATION FORM

PLEASE FILL OUT COMPLETELY AND PRINT NEATLY

Comments: _____

_____

❑ **Please mark if this is the FIRST time you are registering in an HVAA activity.**
❑ **Please mark if the address and/or phone number listed below has changed since the last time you registered in an HVAA activity.**

Participant: _____ **Sex: M____ F____ Height: ____ FT. ____IN.**

Address: _____ **Phone #**_____

_____ **Date Of Birth: ___/___/____**

_____

Please list your contact information so that HVAA inform you of schedules, rosters and other pertinent details.

Phone #: _____ **Work Phone #:**_____ **Cell Phone #:**_____

Registration Fees :

$225.00 Per Year for Kukkiwon Certified Black Belts
$250.00 Per Year for Adult Huntingdon Valley Residents
$300.00 Per Year for Adult Non-Huntingdon Valley Residents
PLEASE MAKE CHECK PAYABLE TO: HVAA

Waiver and Consent Form: I hereby request and give my full consent and approval to participate as a team member in the sport designated above. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I understand that risks of injury are inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my participation, and I am willing to assume these risks, even if arising from the negligence or gross negligence of the releasees or others, and assume full responsibility for my participation. I hereby certify that I am fully capable of participating in the designated sport and that I am healthy and have no physical or mental disabilities or infirmities that would restrict full participation in these activities. In addition to giving my full consent for my participation, I do hereby waive, release and hold harmless the organization named above, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence, gross negligence or any other cause. I have read this registration/consent form. I give full consent for my participation.

Refund Policy: If you wish to withdraw from the program and request a return of your registration fee, you must submit your request in writing by regular mail at P.O. Box 155, Huntingdon Valley, PA 19006, postmarked no later than 30 days after registration. Requests after that date will not be honored.

Participant's Signature: _____ **Date:** _____**(MUST BE SIGNED & DATED!)**

❑ **Please mark if the E-mail address listed below has changed since the last time you registered your child in an HVAA activity.**

Participant's E-mail address: _____ **(PLEASE PRINT NEATLY)**

By signing this registration form, participants, parents, children, and coaches agree to comply with HVAA's code of conduct. The Board of Directors reserves the right to refuse to register any person for any reason and to remove anyone from any activity at any time.