



MILLENNIUM TAE KWON DO

Name : _____ Date of Birth: _____

Address: _____

City: _____ Postal Code: _____

Home Phone # : () _____ Cell Phone () _____

Parent/Guardian: _____

Place of Employment: _____ Phone Number () _____

Medical History: _____

Emergency Contact: _____ Phone Number () _____

Health Card # _____ E-mail : _____

I HAVE SELECTED THE FOLLOWING PROGRAM BELOW, AND HEREBY AGREE TO PAY THE TOTAL SUM OF SUCH PROGRAM:

MISCELLANEOUS _____ BRANCH SCHOOL LOCATION _____

Payment Plan: Monthly Payment of _____ + GST _____ = _____ for _____ Consecutive Months

Full Payment of _____ + GST _____ = TOTAL _____

Down Payment _____ + GST _____ = TOTAL _____

Start Date _____ Expiry Date: _____

I understand that the terms of Millennium Tae Kwon Do obligate itself to furnish me with qualified and suitable facilities. (Examinations and competitions extra)

I understand that I must adhere to the rules and regulations that govern Millennium Tae Kwon Do strict observance of these rules largely eliminates the possibility of accident or injury and waive any claim damages against Millennium Tae Kwon Do and its principals or Instructors in any case of injury resulting from the activity.

Any videotape/photographs taken of me may be used Millennium Tae Kwon Do for promotional purposes.

I understand that I have 5 (five) business days to cancel my membership and receive a 100% refund, and there after this time no-money will be refunded to me. I understand that failure to complete the selected programs does not relieve me of my obligations to pay the tuition in full. I acknowledge reading this information and receiving a copy of this agreement.

Dated this _____ DAY OF _____

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF APPLICANT

ACCEPTED & WITNESSED BY

**Main School - 30 Centre Street , Lower Level Orangeville Ontario L9W 2X1
(519) 940-8483**